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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

BOUGIES, SUPPOSITORIES, ETC., OF GELATINE, FOR LOCAL MEDICATION.

[A paper read before the Medical Society of the State of New York, February 7, 1883.]

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Of New York.

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For a long time the medical profession was in want of a convenient mass for the manufacture of medicated bougies and other forms for local applications to the mucous linings. Uterine pencils were used and recommended by Simpson, of Edinburgh, about twenty years ago. I followed his suggestions, but could not find a preparation to suit the indications; and all my experiments, with the assistance of chemists, failed. Urethral bougies I considered a necessity, and after many failures with different materials, forms, and compositions, could only use cocoa-butter compressed in a form as a vehicle for this medication. In the year 1869, I often ordered and used iodoform bougies, with considerable benefit to my patients. Soon after, a decided improvement was imported from Paris, as the "*Porte Remede Reynal*," a gelatine bougie medicated in various ways. But even this article was not practical, as it changed with the temperature, was too flexible, and even melted in hot weather, whereas in cold weather it was brittle and broke to pieces. As a rule it was too hard and stiff, irritating thereby the mucous lining, and even causing an inflammation. Another objection was the price, which for many patients

was too high. So this article fell into disuse by degrees, and now is almost wholly discarded.

Next, American industry produced different articles in imitation, of doubtful merit. It seems the difficulty was to find a combination with the gelatine, which remained sufficiently soft and flexible, without being affected by the change of temperature, and which mass would easily incorporate the remedial agent in a state of solution.

At last the article has been perfected by Dr. Charles L. Mitchell, of Ninth and Race streets, Philadelphia, and I greeted with pleasure about two years ago his soluble gelatine preparations, which I have used since with entire satisfaction. It gives me pleasure to exhibit to the society some samples of Mitchell's Soluble Medicated Gelatin Preparations, among which you will find: nasal, prostatic and urethral bougies, rectal suppositories, intra-uterine pencils, hollow vaginal suppositories, etc.

The latter have an especial merit—they are hollow and have the shape and elasticity of the finger of a kid glove. The cavity is filled with absorbent cotton, which acts as a tampon, keeping the medicated part in close contact with the mucous lining. The soluble part, after having done its work, is absorbed by the cotton, which prevents leakage and thereby promotes cleanliness.

The pressure exercised by these suppositories also produces an absorbent action on the indurated tissues, and has rendered me good service in removing indurations left after pelvic cellulitis.

Your especial attention to-day is, however, called to the urethral bougies, of which I here present a variety of samples, which are perfection,

and excel all similar preparations in the following points:

1. The bougies are elegantly put up, have a neat, clean appearance, and are always uniform.
2. The medicinal remedies are equally distributed and divided, being held in *solution*.
3. The bougies are soft, elastic, flexible, never break, and at the same time are substantial and stiff enough for an easy introduction.
4. After introduction, and in contact with the walls of the urethra, the mass dissolves readily and exerts an even and prolonged local action.
5. These bougies are not affected by change of the temperature, and remain uniform in any climate, neither do they change or melt in the hand.
6. Time will not affect the article. I have here some bougies which have been shown as samples, and for over two years have been lying around in my office, loose, unprotected, have received very rough handling, and nevertheless are now as good as new, having preserved all their good qualities.

Directions for the Use of the Bougies.

The best, in fact the only reasonable time for their introduction, is when the patient is at rest and in bed. Hence, bed-time is the most appropriate season. The patient lies in bed on his back, the bougie is slightly oiled, or moistened in warm water. I prefer the latter method, because then the medication comes in *direct* contact with the mucous membrane, and the mass dissolves more readily, whereas oil rather retards both results. Then the bougie is introduced into the urethra in the same manner as a Nelaton's flexible catheter—this movement must be done rapidly, but if an impediment is encountered a slight rotation, or a little withdrawal, is necessary, and another effort of introduction will then be successful. The latter end of the bougie should be pushed a little beyond the meatus, which is then held closed with one hand, the lips pressed together and secured by any kind of adhesive strips. Sometimes a small piece of cotton over the meatus, beneath the plaster, will answer still better, because the cotton (non-absorbent) will prevent the plaster from becoming moist and loosening its hold. A good way of securing this plaster more firmly, is to insert each end in the furrow between the glans and prepuce, and then sliding the prepuce upwards, using it as a kind of bandage to the plaster. The penis must be kept up, resting on the abdomen; its hanging down must be prevented, because it may irritate and thereby cause an erection, and also the running

out of the dissolved bougie. Both indications are fulfilled by applying a T bandage. If there is, during the night, a desire for micturating, the plaster can be moistened, loosened, and any remaining fluid let out. In some cases it is sufficient to leave the bougie in the urethra one hour, whereas in most cases it is better to let it remain the whole night. There are some cases cured by a single bougie, but the rule is that 10 to 12 nights medication are needed to cure an urethritis, and some patients use considerably more.

If it is desirable to limit the treatment to a certain portion of the urethra, a short bougie, or any part thereof, may be introduced through a tube and by a plug pushed to the place selected.

It is bad practice to introduce a bougie at the physician's office and let the patient walk about his business, as some of my young friends have done. It is a wonder if such careless experiments are not followed by severe inflammation of bladder, prostate or epididymis.

Indications for the Use of Urethral Bougies.

For a thorough understanding of this question it is best to begin to learn when medicated bougies should *not* be used. One rule will serve as a guide. Never use a bougie when its introduction causes pain. That means, no local applications should be used when the acute inflammation is at its height. In this stage any handling of the parts, or even the injection of a few drops of pure water, hot or cold, will cause severe pain, and can not be tolerated.

The bougies can be used in all chronic cases in the third stage of urethritis, and they may also arrest the disease in its initial stage. When an uneasiness, even a slight soreness, is felt in the urethra, frequent micturition, and a slight watery discharge appears, sedative medicated bougies may arrest the progress of and abort the disease.

In chronic cases we use astringents, either alone or in combination with sedatives, antiseptics, or absorbents. Any particular remedy, combination, or formula, I will not recommend. Each practitioner must select these himself, according to general principles of practice, as indicated in each individual case. Standing formulae and general routine degrade the practice of medicine to a trade. The art of the physician is to select the correct remedy, and graduate the dose to each case as it requires it.

I have used these gelatine urethral bougies in many cases for the last two years, with better success than any other bougie, and with more benefit to my patients than injections.

A few cases in brief will illustrate the use of these bougies.

Case 1. Acute Urethritis.

January 3, 1881. S. M. had a discharge from the urethra for two weeks, which commenced eight days after connection. He had no pain at first, but after using injections the inflammation has increased, so that at present he has very painful micturitions and erections.

January 4. A Mitchell gelatine bougie, containing two grains of extract of hyoscyamus and half a grain of extract of belladonna, was introduced in the urethra at bed-time. During the night the mass was dissolved and ran out.

January 5. He feels easier. In the evening a bougie, medicated with half a grain of sulphocarbonate of zinc, was introduced, and held there by a strip of plaster. It was tolerated the whole night. Discharge is rather increased, and soreness remains.

January 6, 7, and 8. Each evening a bougie was used, medicated with sulphocarbonate of zinc, after which the urethra felt easier.

From January 10 until 15, four more bougies were used, each time improving the patient, until he was well on January 17.

Eight bougies in all had been used to complete a cure during twelve days.

Case 2. Urethritis.

S. J. C., a merchant from the northern part of this State, contracted a urethritis while sojourning in New York.

September 28, 1881, came to my office and complained of a discharge from the urethra, which was accompanied by the usual irritations and pains of a gonorrhœa in the first stage. The patient was of middle age, had had this disease several times before, and the symptoms were not very severe. Treatment was commenced at once with gelatine bougies, formula No. 18, each containing half a grain of sulphate of zinc and one grain of extract of belladonna. For seven successive evenings I went to his hotel, and introduced each time a long bougie, filling up the whole urethra. The improvement was almost immediate, and on the fourth day he felt so well that he could not stand the temptation, and had sexual intercourse again. Even this indiscretion did not hurt him; the bougies were continued every night, and on the eighth day he was well and left for home.

Two months afterwards I saw him again, when he told me that he had been cured perfectly, and remained well.

Case 3. Gleet.

Mr. H. L., æt. 45 years, single, New York. Has done all kinds of extravagancies, had gonorrhœa

often, and has been suffering now for 7 years with a gleet, which off and on assumes the acute stage with purulent discharge.

September 26, 1881. Applied for treatment during one of his acute attacks. Had a thick purulent discharge from the urethra, frequent micturition, with pain and soreness toward the neck of the bladder and over the pubes. A particularly painful spot was found in the urethra, $4\frac{1}{2}$ inches from the meatus. Long gelatine bougies were ordered, each medicated with one quarter grain of chloride of zinc and one grain of extract of belladonna, formula No. 25. Every evening one bougie was introduced and left in the urethra over night. This treatment was continued with benefit, but at times exacerbations occurred. Patient needed for a cure two boxes of the bougies, which is more than the average, and this was due to the unusually stubborn, chronic state of his case.

Case 4. Gleet.

Dr. C. F., æt. 25 years, single. Had his first gonorrhœa six months ago, never was entirely cured, so that at present he has a gleetish discharge and a desire to pass water frequently.

September 28, 1881. Treatment was commenced with gelatine bougies, each containing one grain of sulphate of zinc and one grain of extract of belladonna. Every other night one bougie was used. It was nearly a month before patient reported cured, during which time 12 bougies had been used.

Case 5. Gleet.

Mr. T. R. had been under my care for several venereal diseases, and left in good health for Chicago. During five years in Chicago, had been ailing with gleet and other discharges and emissions.

October, 1882. Came back to New York and placed himself under treatment for the above ailments.

October 22. At bed-time one bougie was inserted in his urethra, medicated with chloride of zinc and extract of belladonna. This bougie caused him some pain during the night, and the discharge was increased and became purulent the next day, October 23; but on the following day, October 24, all these symptoms had disappeared, and no traces were left of any disease. The patient was really cured with only one bougie. It seems that this application acted as a stimulant to the mucous lining, by which a healthy action was induced. Two weeks afterwards the patient was examined with the endoscope, and the whole urethra found healthy.

Case 6. Granular Urethritis, Prostatitis.

W. M., æt. 60 years, has been ailing for years with cystitis, urethritis, and prostatitis.

October, 1882. Has an irritation of rectum, a fullness of bladder, a desire to void water, must always pass water more frequently than when in health, particularly during the night, and feels more irritable in the bladder and penis in the morning; has a burning pain in urethra, and a soreness over the pubes.

Prostrate gland is enlarged, painful to touch, bleeds easily if any instrument passes over its interior lining. The endoscopic examination reveals a granular urethritis, a congested, red, mucous lining of the urethra, full of little granulations, denuded mucous membrane of a strawberry appearance, radiating lines with red and white points, with a white lustre over it.

The treatment consisted of local applications to granulated points through the endoscope; washing out the bladder; rest as much as possible.

October 21. Mitchell's urethral bougies, long, each containing two grains extract hyoseyam. and half a grain extract belladonna, were introduced into the urethra every other night. They acted well, and remained *in situ* the whole night.

On the alternate night a prostatic bougie, medicated with iodoform, was inserted through a tube, so that the medication was in contact with the prostate itself. The treatment was continued with short intervals for four weeks, when the patient was so much benefited that he left for home. An entire cure of the prostatic trouble is not claimed in this case.

Case 7. Urethritis Traumatica.

A. J., æt. 41, had retention of urine, and tried to pass a catheter himself, in order to relieve his bladder. His manipulations were such that he caused a violent urethritis.

September 28, 1882. He came under observation with a swollen penis, a sensitive urethra discharging abundantly muco-purulent matter. He had burning pain in the urethra, with frequent micturition, which was increased during the night. He was ordered gelatine bougies, one to be inserted into his urethra every night, each being medicated with extract of belladonna and sulphate of zinc. Only the first bougie smarted a little, the second did not hurt any more, and after the fourth he felt better. Eight bougies cured this case.

Case 8. Urethritis.

January 3, 1883. Frank C., æt. 24, contracted gonorrhœa twelve days ago; five days after connection he had a discharge from the penis. Yes-

terday (January 2) introduced bougie with zinc medication. This morning there was less discharge, but more pain in making water. It took two hours before the gelatine mass was dissolved. Discharge from penis was purulent.

January 4. Less pain; slight burning on passing water; discharge was less as compared with yesterday.

January 5. No pain on passing water; discharge very slight; no pain on passing bougie.

January 6. Patient appears to be well, and was discharged.

This acute case was cured with three bougies.

The last case is reported by Dr. McGillicuddy, who kindly observed a series of cases treated at the hospital of the work-house. The patients are all prisoners, who are kept under observation and control. The results, therefore, must be more reliable than in private practice.

These cases are not ready for tabular statistics, so as to be incorporated in this paper, but will be reported hereafter.

SCIATICA OF LONG STANDING CURED BY NERVE-STRETCHING.

BY DRS. JOHNSON AND WRIGHT,
Of Olney, Illinois.

Mr. C., aged 40, U. S. laborer. Family history good; has never had severe illness. He was firing at brick kiln for several days previous to the first attack of present illness. After firing for twenty-four consecutive hours, he was attacked, September 24, 1874, by a pain in right popliteal space, which continued, with varying degrees of severity, for five or six days, when he was suddenly prostrated by a lancinating pain in lower third of right thigh. Nausea soon followed. He was unable to move his right lower extremity for several hours.

This pain continued in a remittent form, attended by tingling in outer side of right leg, until December, 1874, at which time it became much less severe. During the winter of 1874-75 he was able to walk but little. He could sit in a chair without much pain, but attempts at locomotion always caused pain. During this winter his general health was fairly good.

From March to September, 1875, his appetite was poor, his bowels torpid, and his bodily forces considerably reduced. During all of this summer he had severe pain along course of sciatic nerve, and a feeling of stiffness and formication in right leg. During the fall of '75 and the following winter, his condition improved to such an ex-

tent that locomotion was tolerable, and he did some work.

In the spring of 1876 the pain became suddenly very severe in right hip—a catch. He was confined to his bed for two weeks, during which time he was unable to move his right leg without provoking a severe paroxysm of pain.

In June he had a relapse, and was confined to his bed most of the summer, his general health being much broken. Previous to this time his hygienic surroundings were fairly good. He received constitutional and local treatment, at times electricity, and morp. sulph. subcutaneously for forty successive days. He was worse during the winter of 1876-77 than during the corresponding periods of previous years. He was confined to his bed most of the summer of '77, and his sleep was much broken, and attempts at locomotion excited lancinating pain.

In summer he moved about on crutches, but his health was bad, and his pain was often severe, attended by a feeling of chill in lumbar region which would trace along spine to head. For 30 days in the spring of 1879 he was treated by inserting insulated needles deeply into thigh along course of nerve, and attaching the electrodes to them, and by the application of irritants to thigh. This treatment gave temporary relief. During the next two years his condition varied, he being unable to walk except on crutches. The pain would commence at an uncertain point in right hip, and extend along the course of the nerve down the posterior part of the thigh, through the popliteal space, under the fibula, behind the outer malleolus on to the dorsum of foot; again it would fly from one part of the limb to a distant one. During the two years preceding this date (fall of 1881), his hygienic surroundings were bad. He came into our professional care in August, 1881. We found him well nourished, weight 140, height 5 feet 10 inches, skin clear, thin, pale, facial expression indicative of pain. Tongue furred, appetite capricious, bowels irregular—often constipated. His sleep was much disturbed, and he was not refreshed by it. He was unable to stand erect, and he could not walk without the aid of crutches. Pressure just behind the trochanter caused pain, and there were several sensitive points on thigh and leg. He complained of pain about hip, thigh and leg, which was sometimes sharp, sometimes aching, often only a prolonged tingling. We gave him citrate of iron in sherry wine and, cas. sagr., and strychnia sulph., with morp. sulph. at night. We used deep injection into region of nerve of apts. chloroform. Gener-

ally the chloroform was injected into but one place at a sitting, the dose being 20, 30, or 60 minims according to amount of pain under which he was suffering. This treatment was decidedly beneficial, but not permanent. We also injected sulph. ether, but the relief was less pronounced.

On the 24th of November, 1881, we anesthetized our patient, and applied the actual cautery to several points over the course of the right sciatic nerve. The white-hot iron was allowed to remain in contact with the skin only long enough to destroy it, and the scars were painted with strong carbolio acid. The cautery was applied in this manner again in January and in March, 1882. The pain from the burns was inconsiderable. Each application brought relief from the old pain. After the third he suffered no more in the right limb, a permanent cure being thereby affected.

During the months of April and May, 1882, he was able to move about his house on crutches without pain, but close confinement to the ill-ventilated, damp sick-chamber of his wife and daughter during these months impaired his general health, and he began to have pain along the left sciatic nerve. At first it was limited to the left hip; afterwards it extended to the lower part of corresponding thigh and outer part of left leg.

During all of this summer he received ferruginous and bitter tonics, laxatives, alteratives, and acids, as his condition seemed to need.

In June, 1882, we applied the actual cautery to this limb, but it did no good. In July we applied flying blisters with like results.

In October, 1882, we anesthetized our patient for the fifth time, and having cut down upon the offending nerve just below its usual point of bifurcation in the lower third of the thigh, we seized it, having lifted it out of its bed, stretched it by pulling from above downward and below upward. Extensive, active inflammation soon followed the operation. The posterior portion of the thigh was much swollen for several days, causing much suffering. Pus burrowed into the upper part of the thigh, and formed in the calf, requiring several incisions to be made for its escape. The wounds were dressed with carbolized oil, and the limb with water dressings.

The inflammation has now, February 13, 1883, entirely abated, the wounds have healed, and our patient asserts he has not had any of the sciatic pain since we stretched the nerve, and that his limb is entirely free from pain. He can walk without pain in either hip, thigh, or leg, but the feebleness of his muscles requires him to use

crutches. He is gaining strength daily, and unless some untoward accident befalls him, he will soon walk without support. Verily, the operation has cured the man of his awful pain.

The following facts are worthy of special attention in this case:

- 1st. The chronicity—eight and a half years.
- 2d. The marked impairment of his general health.
- 3d. The number of well-informed physicians who treated him with as many different plans.
- 4th. The marked good following the use of the actual cautery.
- 5th. The cure by nerve stretching.

IODOFORM IN DIPHTHERIA.

BY DR. J. H. VOJE,
Of Fredonia, Wisconsin.

After reading the editorial on "Iodoform in Diphtheria" in your esteemed journal, I thought it my duty to report the results I have had with the remedy during a small epidemic of diphtheria here, which began the first part of November, 1882, and has not yet quite ended. Although I must state here that I did not in all cases use the iodoform exclusively, as the cases above four years of age also took the mixture recommended by Dr. H. Warren in the MEDICAL AND SURGICAL REPORTER, 1880, No. 7, yet are its beneficial effects nevertheless plainly shown. The iodoform was applied as directed by Dr. T. Benzon, in the *Wiener Med. Wochenschrift*, 35—'82, with the exception of the children below three years, in whom I used a powder blower, which I found more convenient. In those cases in which the nasal and post-nasal mucous membranes were implicated, these parts were also dusted with the powder-blower through the nostrils. In two cases also the steam atomizer was resorted to; in case 4 with lime-water, and in case 22 with lime-water and alcohol, equal parts, (Alcohol in Diphtheria, by Dr. Melsheimer, MEDICAL AND SURGICAL REPORTER, December 23, 1882,) in the latter case, whose larynx was involved, with the happiest result. I have not a very large number of cases to report, but they may serve, if added to others, in proving which is the best local remedy in diphtheria. In all twenty-four cases, nine males and fifteen females, between two and fifteen years of age, came to my notice and under my treatment. Four of these died, one boy aged seven years, and three girls, two five years old and one four years. Three of these cannot very well be counted, as one was dead when I came, and two were in articulo mortis, and died a few hours

after my call. The boy had laryngeal diphtheria when I saw him; this rapidly spread down into the bronchial tubes, and in two days he died, in spite of iodoform, steam atomizer, brandy, emetics, etc. I had not then read the report of Dr. Melsheimer, but I doubt if the alcohol would have saved him, as he had been sick five days, and the infection was too profound.

In the twenty cases left, iodoform was used with good results; in every case it brought the disease soon to a stay, and it would in a few days thin the membrane down so that it looked as if the parts had just been brushed with an argentic nitric solution. But I believe it did more, as I believe it prevented the membrane from forming in two cases, who had all the initial symptoms of the disease, and whose brothers and sisters were down with it. I applied the iodoform three times a day to the inflamed tonsils; no membrane formed, and by the fourth day they had no more fever. I found the iodoform to have the following advantages above other local remedies, viz: It is easy of application, and the children seldom object to it if once applied, as it causes no pain, but has a local anæsthetic effect, and has but little taste. It effectually stops the fetor so disagreeable in bad cases, and brings diphtheritic ulcers to a rapidly healthy granulation; its effect on the temperature was marked, especially in the cases in which the iodoform was used alone. No case was sick longer than ten days. The disease was of a medium severe type. The pharynx, larynx, and nasal mucous membranes were in part of the cases involved; three cases have so far presented themselves with the characteristic paralysis as a sequela, aphonia, staggering walk, and one was also nearly blind for two weeks. In all cases the anæmia and prostration was very marked after the attack, however short.

Let me here state, as erysipelas has of late been brought into connection with diphtheria, that I had to treat during the time of the epidemic six cases of facial erysipelas of a very severe type, all in females between fifteen and sixty years of age; all recovered; only one case occurred in a house where there also was diphtheria—it was the mother.

OBSERVATIONS ON ECLAMPSIA.

BY H. L. W. BURRITT, M. D.,
Bridgeport, Conn.

In the *Compendium* for January, the question of Acceleration of Puerperal Convulsions (page 73) is stated to be an open one. I take it for granted

that by a large majority of the profession the following propositions are considered axioms:

1st. That bleeding *pro re nata*, as to quantity and according to constitution and strength, is indispensable, and its neglect almost criminal.

2d. That delivery the sooner the better is always the rule and not the exception, in all cases of eclampsia.

3d. That bleeding being premised, delivery will end the convulsions after half an hour.

4th. That delay is far more dangerous to the patient than the use of any means, manual or instrumental, to the end.

Hence I cannot see any force in the foreign authority or statements, that delivery does not, as a rule, exert a favorable influence on puerperal convulsions," and that statistics, as given by Dr. F. Schauta, are unreliable, as his own exceptions—relief of pressure, restoration to the normal state, safety to the child, all deny his facts as given.

All experienced physicians have seen cases of convulsions in women seven to eight months pregnant, where even after bleeding the convulsions persisted until the os was forcibly dilated and the child turned and delivered, often with all the force of traction the attendant could use. I have seen thirteen of such cases without any bad result to the mother. In one case there were fourteen convulsions, six after bleeding to eighteen ounces—seven and a half months—fourth child, weight two pounds eight ounces—forcible dilatation—time, half an hour—only one spasm after loss of consciousness—child now five years old.

Turning is far preferable to the forceps, as there is no obstetrical instrument equal to, and no force so great, that can be used so safely, both in dilatation and extraction, as the *thinking* human hand; its power is sure, and it knows what it grasps, and it gives confidence to the operator. The experience of over a hundred cases justifies my opinion. Who ever heard of a case by a *regular* of injury to the mother where the hands were used alone? Is it not true that ergot carefully used, rupture of the bag of waters, and bleeding followed, by early and forcible extraction, have saved more mothers and children in eclampsia than any other method? Bleeding to save the brain, ergot as safety against the hemorrhage of chloroform, forcible extraction to relieve those terrible spasms, immediate relief where an hour's delay may be fatal, and bleeding, above all the anchor of safety—are not these *now* the established rules of the profession?

HOSPITAL REPORTS.

CLINICAL SERVICE OF THE PHILADELPHIA HOSPITAL, FEBRUARY 17, 1883.

DISEASES OF WOMEN.

Procidentia Uteri.

Dr. E. P. Bernardy exhibited a case of complete procidentia uteri, associated with cystocele, rectocele, and enterocele. The vagina was lax and flabby, and the uterus retro-flexed. When a pessary was introduced and the woman coughed, it was forced out. He deems this trouble to be generally due to sub-involution of the vagina after labor, when, on account of its relaxed and stretched condition, it fails to afford the normal support to the uterus. The only satisfactory means of treating complete procidentia, is operative, by resort to a modification of Sims' operation, by which the calibre of the vagina is reduced. Relief can be derived by packing the vagina with cotton soaked with a saturated solution of oak bark, tying the legs across a beam, and keeping the patient on her back for a week or two. In some slight cases relief can be obtained from the use of such strengthening injections as a saturated solution of alum and zinc, and occasionally tannic acid.

MEDICAL CLINIC.

Acute Rheumatism.

Dr. J. B. Walker presented a case of acute rheumatism which commenced as sub-acute. He laid great stress on the necessity of examining daily the heart in all cases of acute articular rheumatism, because, while *pericardial* trouble may direct attention to the heart, by causing pain, *endocardial* inflammation may run its course without offering any pain; and even when it does not, the joint suffering may be so great as to mask it. He believes in combining the salicylic acid and alkaline treatments; the former is curative to the rheumatism, while the latter controls the cardiac complications. There is no antagonism between the two treatments. He uses salicylate of sodium, twenty grains, and bicarbonate, acetate or citrate of sodium, or potassium, twenty grains, every alternate two hours. When joint pains have ceased, the salicylates are of no use, but the alkaline treatment should be continued as long as there are evidences of heart trouble. Large hot poultices over the heart are of vast service, but blisters will do no more than merely relieve pain, though a small (2x2) cantharidal blister may immediately precede the poultice. Avoid all exposure, and insist on absolute quiet. Salicin is tonic as well as anti-rheumatic, so that it may be substituted for the salicylate, when the patient is very weak. Tincture of chloride of iron is very beneficial in convalescence.

Pneumonia—Hydro-Thorax—Empyema—Pneumo-Thorax.

A very intemperate man, aged 37, was admitted nine months ago with delirium tremens, and in six days developed a pneumonia of lower lobe of left lung. When it got better, there was bulging of intercostal spaces over the normal heart area, and the apex-beat was felt under the right nipple.

There was also dullness and absence of respiratory murmur on left side, and at the lowest point, pitting on pressure, which is usually indicative of emphysema. With the aid of a hypodermic syringe, purulent fluid was drawn off, when, on four different occasions, at intervals of two weeks, he was aspirated, and one-half pint of fluid removed each time. As it continued to form and threatened to burst, the gathering was punctured and a drainage tube inserted. A warfare with death now set in. He would pull down and recuperate, only to fall again; bed sores formed, and temperature ranged from 97° to 102° . The cavity was washed out with tepid water, and after a while the man got about. After some slight exertion and coughing, on January 6, blood was discharged from external wound; which again occurred on the 21st, and was checked by injections of a thirty-grain solution of nitrate of silver through a catheter. Salicylic acid and iodoform in glycerine, were injected each day for three days. At present he is receiving Basham's mixture and nux vomica, with stimulants, good diet, and friction to part. General amyloid degeneration is a not unusual sequel of prolonged purulent discharge, to prevent which, Dickinson recommends alkaline treatment, on the idea that amyloid disease is due to want of alkalinity of the blood. There is no such trouble here. He has now pneumo-thorax. When you place a coin over a cavity filled with air, and striking it with a key, listen through a stethoscope, you will have a sound like the ringing of silver bells. The patient is slowly improving.

Catarrhal Jaundice.

One of the most frequent causes is hepatic congestion or hepatic catarrh. Jaundice rarely results from suppression of the biliary secretion, but is caused by its absorption (after being secreted) into the blood. In acute yellow atrophy, where we have suppression, jaundice is seldom found. In this case, the bile has colored the patient's hair on account of its elimination in the sweat. To test for bile in urine, put a drop or two of nitric acid on a few drops of the suspected liquid on a saucer, and if bile be present there will be the characteristic play of colors, green, red, blue. When the hepatic catarrh has been relieved, phosphate of sodium in drachm doses, in warm water, will promote convalescence.

SURGICAL CLINIC.

After exhibiting a case of amputation at the lower third of the leg, which had been performed two weeks previously, and was doing well, Dr. Porter showed a case of

Balanitis,

caused by a tight prepuce preventing the exposure of the glans, and the consequent accumulation of smegma (from want of cleanliness), causing the inflammation. He is opposed to indiscriminate circumcision, believing that, in the majority of cases, nature will sufficiently retract a redundant prepuce at puberty; but where balanitis or any venereal disease exists, he advocates the operation. He proposes to slit up the prepuce on its dorsal surface with scissors, trimming off the edges and bringing skin and mucous membrane together with sutures. He does not like to use

phimosi forceps, because the skin is so slippery that with them you may only remove a ring of skin, even down near the base of the penis.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. Seelye, A. M., M. D.

(Continued from p. 152.)

Asthma.

GENTLEMEN: I show you again to-day, the same Patient who was the subject of our remarks the other day. You will remember that we then completed his physical examination. He slept well last night and says he is feeling better to-day. Yesterday afternoon he had a very violent paroxysm, from imprudence in eating. When we came into the ward, you noticed that he was lying quietly on his right side, but now, you see, he is disturbed and is suffering considerable discomfort.

I will now call your attention to some of the most important etiological features suggested by this case. You remember, I told you that his distress depended upon a spasmodic contraction of the muscles surrounding the bronchial tubes. The disease is therefore a neurosis. This is proved by its history. Hereditary affections such as this are often called hereditary neuroses. It is one of those nervous affections which sometimes take the place of other nervous disorders, and appear in different generations of the same family, in one form or another, or affect the same individual differently at different times. If we had not this hereditary peculiarity, as an evidence of its neurotic character, the striking feature of its sudden onset, and the speedy subsidence of the symptoms under the influence of controlling remedies, is sufficient to prove it. This is shown, moreover, by the fact that any unusual emotion, such as joy, laughter, grief, or any sudden nervous shock, will often bring on a paroxysm, and this always requires neurotic drugs to relieve it.

Etiology.—First, we will consider the exciting causes. We have in this disease an exceedingly exalted hyperæsthesia of the mucous membrane of the bronchial tubes, and the attack is excited by causes acting either directly or indirectly upon the mucous membrane, and producing either direct or reflex phenomena.

Asthmatics are sometimes made to suffer a paroxysm by inhaling certain odors, such as a rose or new mown hay, or by the emanations of certain animals, especially cats, or by taking certain kinds of food, or the action of some medicines. I have seen it brought on by breathing the dust of calomel; and ipecac is a very common exciting cause. All patients are not equally sensitive to the same thing, but each has his peculiar idiosyncrasies. An attack may be produced by various articles of diet, just as is the case in urticaria, a neurotic skin affection. And the same may be said of this, which Haverhill says of urticaria, viz, that "there is hardly any article of diet that will not produce it." Again, some are affected by certain kinds of air. One will be well in the country but not in the city. Another will be well on one side of the street but not on the other, or in

the front of the house and not in the rear. This is a peculiar fact, and one difficult to explain. You may have been treating a patient for a long time, and have found all medicines to fail, and are in despair, when some knowing neighbor will step in and tell your patient to move away, and on so doing he is immediately relieved, and you have lost your reputation. Again the attack is sometimes a reflex phenomenon, and may be due to the irritation of a loaded colon, and will be relieved by evacuating the bowels. Also indigestion or dyspepsia, certain articles of diet, or anything causing irritation anywhere along the gastro-intestinal canal, may cause a reflex attack. The same effect may also follow from a current of air blowing on the surface of the skin. These are all indirect and reflex causes which act upon the nervous centres.

Diagnosis.—It would seem that one could hardly mistake the character of the affection in such a well-pronounced case; yet there are certain things to be carefully considered in making a definite diagnosis. All asthmas are not of nervous origin, or pure neuroses. In ordinary bronchial catarrh we may have considerable difficulty in breathing, and a certain amount of nervous difficulty causing labored respiration from bronchial spasm added to the other causes of interference. Again, a person may suffer from great difficulty in breathing after eating an unusually hearty meal, and so arouse the suspicion of its being asthma. But on auscultation you will fail to get the characteristic signs of asthma, and so you will be undeceived. So also you might be deceived by a dyspnoea due to cardiac disease. You see, therefore, that making a diagnosis requires some knowledge of the conditions which may simulate asthma. Remember that this affection is a neurosis, the onset of which may be gradual, but the distress slowly increases, and anti-spasmodic medicines are required for its relief. And it is frequently associated with a neurotic habit of body, or a neurotic hereditary history. By so doing, you will make no mistake in distinguishing this from bronchitis, heart disease, or obstructions high up in the trachea.

Prognosis.—This, I am sorry to say, is not very hopeful, unless relief is obtained by a change of climate. And circumstances often prevent this. This is an expression of the worst decision to which we can come. But it would not be right to say that there is not a great deal which may be done to relieve the patient, or that it is not in our power to partially control the disease. We must be cautious in these cases, and be in no haste to give a prognosis until we have tried the various means for relief.

Treatment.—What is the rational treatment of asthma? It differs from empirical treatment in that it involves the removal of the cause of the disease, while empirical treatment makes use of those remedies which experience has taught us will relieve the distress. You will see that there is a good deal in the way of rational treatment suggested by the pathology and the etiology. The disease is constitutional, and nervous in its origin. But we cannot easily change the patient's constitution, nor the character of his nervous system. Many of the direct causes can however be removed. If it be due to bad air, the patient may change his dwelling-place. If to certain

peculiar odors or emanations from animals, investigate and remove the cause. Then consider whether the asthma may not be due to reflex nervous action, from irritation on the integument or the mucous membranes of the body, and especially of the gastro-intestinal. Then investigate the diet and the manner of life carefully; and then remove these irritating causes, and give accurate suggestions as to the time and the things to be eaten, and thus you may give great relief. You will find that many asthmatic patients belong to a gouty race, and that they themselves, or their brothers, sisters, or parents, have suffered from gout or rheumatism; and knowing this, you can put them on the road to relief by using remedies appropriate for this disease.

From this man's history we learn that he has been an intemperate beer drinker, and he has had several attacks of rheumatism. Now in persons who are suffering from neuroses of any kind, the use of stimulants is, I am fully persuaded, a most serious and dangerous habit. I have frequently seen the neurotic tendency of constitution thus established, and this constitutional tendency is bound to be perpetuated in the progeny. These people should never be allowed to use stimulants, especially of the fermented kind. If they use any it should be distilled liquor, and it is sometimes necessary to administer this. But this man does not need any probably, for it aggravates the diseased condition of the nervous system. If he had abjured the use of alcohol earlier, he would probably have had no trouble of this sort. Where there is a gouty tendency, relief often comes from a modified diet, avoiding certain kinds of food against which the digestive powers rebel. This is especially important in gouty patients with asthma. They find difficulty in digesting the hydro-carbonaceous foods, such as fats, starch, and especially sugar. It is best therefore to withdraw these foods from them to a considerable extent, allowing them no sweets and but little starchy food, but allowing them all the animal food that they require. So in a few days the appetite and digestion will be improved, and relief experienced. Yesterday for dinner this patient had potatoes, and grapes, and other farinaceous vegetables, which underwent acid fermentation in his stomach, and as a result, within two hours after, he had an exceedingly violent attack of asthma. Proper directions in regard to his diet had been given him, but he did not follow them. He has had bread, beef tea, and milk, for both breakfast and dinner to-day, and as you see he has no severe asthma now.

A word as to the time of taking food. The principal amount of food for the day should be taken before three o'clock in the afternoon. It is found that the majority of attacks occur early in the day, between two and four o'clock in the morning, and this is particularly apt to be the case when a hearty meal has been taken in the evening before. So the supper should be light, and the breakfast and dinner hearty.

Now, a few words in regard to the means for immediate relief of the paroxysm. This embraces the use of anti-spasmodics, or medicines which depress nervous energy and relax spasm. So all the hypnotics are useful. Those most commonly recommended are belladonna, tobacco, lobelia,

stramonium, opium, chloroform, and ether. Most practitioners find belladonna, stramonium, and lobelia most effective; but I have been much pleased with the effect of opium, which I prefer. Chloroform is startling in its effects, but its action is only temporary, and the patient can not use it himself without danger, and he may form the chloroform habit. So it is better to make use of some of the other remedies taken internally. I will only give you here the principles of treatment, and not the details, which you can look up for yourselves. Fresh air and free ventilation are very important, and the application of dry cups is often beneficial, and was in this man's case yesterday. Many patients are relieved by the inhalation of the smoke of burning paper saturated with nitrate of potash. This "nitre paper" sometimes gives extraordinary relief. Others smoke cigarettes of stramonium leaves combined with the nitrate of potash. But all these remedies act only temporarily, and are useful for the relief of the paroxysm, and are largely empirical. The rational therapeutics is, as I have said, based on the fact that the disease is due to a neurotic habit of constitution, or is caused by reflex irritation.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Analysis of Twenty-seven Operations for the Restoration of the Lacerated Cervix-Uteri, with Special Reference to the Effect on Sterility and Labor.

(Continued from page 235.)

CASE 4. Mrs. X. was sent to me by my friend Dr. Duffield, of McConnellsburg, Pa., in September, 1880. She was *æt.* 35, had had seven children and two abortions, the last one nine months before. She complained of pain in the lumbar region, a heavy, dragging pain in the pelvis, and very difficult and painful locomotion. These symptoms had been growing in severity for several years; she also had menorrhagia and leucorrhœa.

Touch.—Cervix large, soft, and lacerated bilaterally flush with the vagina. Mucous membrane engorged, everted, and eroded. Uterus retroverted, but mobile. The sound passed three and a half inches.

On February 27, 1881, I closed the rent, placing seven sutures. Union immediate. The result on the symptoms was all that could be desired. A letter a few days ago, in answer to one of inquiry from me, informed me that this lady is now pregnant.

Here are four cases in which pregnancy followed the operation, out of the class of eight in which impregnation had occurred within five years previous to the restoration of the cervix. And that there will be more, I feel sure, because a sufficient time has not yet elapsed since the operation was made, in some of my cases, to prove that sterility will continue.

That sterility does not result as a consequence of the operation, when the proper precautions are taken to secure immediate union and normal-sized

os, does not this analysis prove? That it will prevent a recurrence of abortion and cure sterility of recent date, Cases 1 and 2 give undoubted evidence. That it will fail to cure sterility of long standing, for reasons given in this paper, I am convinced from my own experience. Time, however, may prove that a small percentage of this class will also be benefited in this direction.

I have selected the following case from the class of thirteen in which sterility had existed more than five years prior to the operation, as strongly typical of the point I wish to illustrate, viz., that the longer the time which has elapsed between the occurrence of the injury and its repair (pregnancy being absent during this time), the greater and more permanent will be the changes in and about the uterus, which almost necessarily result in a continuance of the sterility after the cervix has been restored.

CASE 5. Mrs. M. R., *æt.* 39, consulted me in the fall of 1880. She had had six children, the last one thirteen years before. Her labors were all normal, so far as she knew, except the last. This was complicated by a malposition. The forceps were applied two hours before the delivery of the head, and great traction effort was necessary. The child was so injured by the forceps that it died on the third day after delivery. The patient was unable to be out of bed for nearly three months afterwards, and the bloody lochia continued during two months. She had suffered from menorrhagia ever since, and recently from metrorrhagia every two weeks, at times amounting to "almost a flooding." In the intervals between the hemorrhages, she had a constant and profuse mucous leucorrhœa. She complained of a deep-seated pain in the pelvis, "sawing" in character, with pain in the sacral and lumbar regions and across the shoulders. Coition could not be tolerated, because of the pain it induced and the hemorrhage which resulted.

Examination.—The perineum showed an old laceration of slight extent, and within an inch of the vaginal orifice the finger came upon a large mass of tissue which filled and distended the tube. It was hard and nodular around its border, but softer and rather friable in its centre; and it bled on the slightest touch. It gave me, at first, an impression of epithelioma, and I could readily detect that the cervix was bilaterally lacerated down to the vaginal attachment. The body of the uterus was hypertrophied, indurated, retroverted and slightly fixed from contraction of the broad ligaments. Through the speculum the cervix was seen to be lacerated, as the finger had indicated, and that the softer tissue, which occupied the space between the separated lips, was redundant mucous membrane, which seemed to have united from side to side, leaving a very small opening in the centre, corresponding to the external os. This tissue was dotted all over its surface with whitish spots—Nabothian cysts. The sound passed to a depth of minus four inches, and showed the uterine cavity to be rugous—vegetations of the endometrium. I now punctured the retention cysts, and found that the redundant tissue between the torn and separated lips was riddled with them. So much hemorrhage resulted from the scarification that, to check it, I was finally compelled to tampon the vagina. On the

next day I removed the tampon, and found the mucous membrane much reduced and less congested.

I treated this lady during a number of months for the purpose of relieving symptoms, and preparing the parts for an operation on the cervix. The hypertrophy and congestion of the mucous membrane of the cervix and uterine cavity were considerably reduced, the metrorrhagia and leucorrhœa diminished. The uterus became more mobile, and tenderness subsided; but the parenchyma of the cervix and body of the uterus remained sclerotic and unrelaxed in size.

On February 10, 1881, I closed the rent, after denuding the surfaces and dissecting away a large amount of cicatricial tissue from the sides and angles. I placed eleven silver sutures. Considerable difficulty was experienced in passing the needles through the dense and tough cervix, and I broke and bent several before I succeeded in placing all the stitches. The surfaces did not unite as readily in this instance as is desirable, but union was finally established by granulation, resulting in the formation of a good cervix.

This patient has been entirely relieved of the leucorrhœa and pain of which she complained, but she still has an occasional menorrhagia, and the body of the uterus remains large and hard, the sound entering three and a half inches. As was to be expected under these circumstances, she has remained sterile, but certainly not as a result of the operation.

Dr. Murphy further says: "I fear I shall never arrive at that perfection where it will be given me to appreciate why a laceration of the cervix, by being repaired, will probably prevent cancer of the womb."

I do not wish to discuss this subject here, as I am preparing a special paper upon it, but I would like to say that, if we believe that cancer may develop in consequence of the changes in the circulation and nutrition which necessarily follow when the cervix is torn, and it seems to me that one need not have arrived at perfection in the art of appreciation to believe that cancer might develop in a field such as was presented in Case 4 previous to the operation, then restoration of the organ ought to prevent cancer.

He also concludes, "That the character of the labor is unusually severe and protracted, and that, in a large percentage, laceration occurs a second time."

That this statement is too sweeping is abundantly proven by the cases I here record. I can believe, where pregnancy has happily followed the operation in a case of long standing, in which the cervix is sclerotic from connective-tissue hyperplasia, and cicatricial from non-occurrence of immediate union, that the first stage of labor might be tedious, and that relaceration might take place. But, suppose relaceration does not occur in some cases, is that sufficient reason to deprive the patient of the benefits which usually accrue from the operation, independent of pregnancy?

Not long ago I made the operation for the restoration of a lacerated perineum, which extended fully an inch and a half up the recto-vaginal septum, on the person of a lady fifty-one years of age. The laceration occurred twenty-six

years before, with a severe forceps labor. She had been debarred from the society of her friends, and made loathsome to her husband as well as to herself, all these best years of her life. In answer to my inquiry why she had not sought relief long before, she replied that she had done so, but that she had been advised to wait until after the menopause for fear that, in the event of another parturition, the parts would relacerate! Comment on such argument as that is unnecessary.

The comfort which this lady has enjoyed since the rectum and perineum have been restored, causes her to feel far from kindly towards the gentlemen who advised such conservatism.

I have recently delivered two ladies on whom the operation for lacerated perineum was made about three years ago, one by Dr. Goodell, and the other by myself. Relaceration did not occur in either.

Dr. Githens stated that on June 18, 1878, Dr. A. H. Smith had operated upon Mrs. M. for the restoration of a lacerated cervix; and on July 10 of the same year, had performed perinorrhaphy, both operations proving successful. On June 19, 1879, a year and a day after the first operation, I delivered her of a boy at full term, the labor being uncomplicated and easy, and no tear of either cervix or perineum occurring.

Dr. E. E. Montgomery remarked that as regards the question of sterility resulting as a consequence of the restoration of a lacerated cervix, he had been operating since 1879, and five of the patients he had operated upon have since become pregnant. The first patient upon whom he operated became pregnant lately, but aborted; as she had desired not to become pregnant, and was anxious that an abortion should occur, he believed that it had been artificially induced. Another patient operated upon in 1880 had been delivered in January, 1883, without accident. A patient operated upon in 1879 is now four months advanced in pregnancy; before the operation she had aborted at three months; this accident was apparently consequent on the existence of the laceration. Of these five cases, two were lacerations of long standing and three were recent.

Dr. Cleemann had operated upon one case of nine years' standing. During the first two years of that time she had two miscarriages, and then remained sterile for seven years. The operation was performed eleven months ago, and she is now two months advanced in pregnancy.

Dr. A. H. Smith had heard Dr. Baer's paper with pleasure. The general impression in this city is that sterility is a consequence of the injury, and a large proportion of the cases operated on by him have soon become pregnant after operation. The fear of the recurrence of the accident prevents pregnancy in many cases, as means are used to avoid that condition. Improved general health and local comfort are a result in a majority of these cases, even where pregnancy does not occur.

He would like to hear Dr. Baer's experience about the existence of obstinate nausea in pregnancies after operation upon long-standing cases accompanied with an enlarged and hardened condition of the cervix. It has been so with him. As regards the results of labor, there has been no tendency to relaceration in the same position. He

uses inhalations of chloroform and hot water douches in such cases, and does not rupture the membranes early; he also prevents the patient from bearing down, and by these means secures a slow and safe labor. He is sorry to hear that Dr. Baer has no confidence in the power of the operation to reduce the size of hyperplastic uteri. He has seen cases of the so-called sub-involute uterus, after the complete failure of local means, such as iodine, silver nitrate, etc., reduced one-third of its bulk by operating upon a laceration of the cervix. The rapidity with which the ultimate result of reduction in size is reached is in proportion to the time that has elapsed since the injury.

When the cervix is much hypertrophied, and ectropium exists, such a cervix as would formerly have been called cancerous, and would have been amputated, the stitches should be left in a long time. If they are removed too soon there is a proneness to gaping, a sort of ectropium or sprouting. This will not happen if the sutures are allowed to remain thirty to forty days.

Dr. Wm. Goodell regrets that he was too late to hear Dr. Baer's paper. With reference to the question of the influence of the operation in causing sterility, he thinks it does have such an influence. He has operated in one hundred and sixty-nine cases, and has only known of seven who have since become pregnant. There were probably more, as the cases have passed away from his knowledge, and he has never heard of them again, as he does not practice obstetrics outside of the Preston Retreat. In two of the seven cases a second operation was required, but it was slight. In one case not the slightest change occurred in the form of the os. As regards the effect of the operation in preventing cancer, he believes it fully, both from experience and from *a priori* reasoning. He has seen but two cases of epithelial cancer in women who have not borne children. In fact, his experience has been that the greater the number of children, the greater the liability to carcinomatous degeneration, and often the notch of a previous laceration is seen in the cancer. If carcinoma is, as we believe, a local disease at its beginning, what more probable cause could we have than such an irritating sore as a bad laceration of the cervix? In more than one case his principal reason for operating for the restoration of the cervix, has been an account of a history of cancer in the family.

Concerning the effect of the operation upon hyperplasia, he believes with both Dr. Smith and Dr. Baer. There is an element of passive congestion, the result of the irritation of the laceration, and when the cause is removed by the operation the effect passes away, and a great reduction in the size and weight of the uterus is secured. He believes that preliminary treatment in cases of enlargement with ectropium has a very great effect upon the results of the operation. Applications of iodine, glycerine, and tannin, and the use of the very hot douche, and cross-hatching of the enlarged Nabothian glands, have a softening and calming effect. In such cases, if the hard, gristly triangle in the apex of the wound be carefully excised, the tension on the stitches is slight. He generally removes the sutures in about nine days after the operation; in one case, in consequence of circumstances affecting convenience,

they were allowed to remain three weeks. When he can secure easy approximation and close coaptation, which is readily done by means of his guiding thread, perfect union is more probable than in any other plastic operation. For his sutures he uses the finest possible silver wire; it is drawn to order.

As regards the result of the operation on various symptoms that were supposed to arise from the presence of the injury, he has experienced the greatest success and greatest disappointments. In some, local treatment would have answered every purpose. The most expensive present he ever received from a patient was from one on whom he had performed this operation, and relieved by it a morbid mental condition that had lasted for years, with great local stress and inability to walk any distance or to stoop over in packing a trunk.

Dr. A. H. Smith knows well the value of preliminary treatment, and employs it faithfully; but there is a limit to the endurance of a patient. She cannot be kept too long upon her back, and it sometimes becomes necessary to operate before all that is possible has been accomplished. In some cases there is an unavoidable tension, and in others a friable condition of the tissue, which is benefited by leaving the stitches in position. He allows the patient to attend to her domestic duties with the sutures *in situ*. In his experience there has been no relation between the number of children and the tendency to carcinomatous degeneration. Such growths have been in women who have had but one or two children only. Cancer of the mammary gland is most common in sterile women, or when children have been few. He has rarely seen cancer in its early stages in an enlarged cervix with ectropium, but, on the contrary, in unnaturally small cervixes.

Dr. Wharton Sinkler has three patients who have been operated upon for lacerated cervix, one of them by Dr. Goodell. All of them have since become pregnant.

Dr. Montgomery remarked that one-sixth of the cases he had operated upon (within four years) had since become pregnant. He thinks Dr. Smith's suggestion an over-true one. As the injury was the result of pregnancy, the risk must not be run again. In the Philadelphia Hospital he has found cancer of the uterus most common after numerous labors. The same rule has held good in mammary cancer. It has been most common after frequent nursing.

Uterine hyperplasia is reduced by operating on the torn cervix. He has operated with this result in view in cases of so-called subinvolution. Dr. — divides the cervix and removes a wedge-shaped piece, reuniting the wound, as a remedy for this condition.

Dr. H. Beates has performed twenty-three operations, and has had two pregnancies since. He has had under his care seven cases of uterine carcinoma, and in all of them cervical laceration co-existed. The number of children varied from one to several.

Dr. Baer, in closing the discussion, remarked that in answer to a letter of inquiry to the husband of a patient upon whom he had operated to restore the cervix, he received one in return in which the idea of another pregnancy was scouted with disdain.

EDITORIAL DEPARTMENT.

PERISCOPE.

Brandy Poisoning.

Dr. J. A. Owles says in the *Lancet*:

On Tuesday, May 16, I was summoned to see a gentleman in a "fit," and found him lying on the floor of his bed-room in a deep sleep, with evidence of having recently vomited, and with a slight bruise on the right temple and another on the right thumb, which confirmed the supposition of a fall. His breathing was labored, but not exactly stertorous; his heart's action was very weak, and his pulse variable; the pupils were unequal, the left being a good deal contracted. It was difficult to rouse him, and impossible to get any information from him. A lady and gentleman (relatives) and the proprietor of the house in which he was lodging were present, but could throw little light on the history of the case. They said that he had come to Bournemouth for change after a very severe attack of inflammation of the right lung, that he was a little over thirty years of age, that he had been walking about "too much," and that he had been complaining of neuralgia. A friend had given him, a few hours previously, a glass of port wine, and he had also taken a "little" brandy. He had been sleeping a good deal upon the bed during the morning, but was not heard to fall, and no one knew what had happened until he was found upon the floor. Three bottles were upon the mantelpiece: one containing a tonic mixture with steel in it; a second, some creosote for local application; and a third was an ordinary brandy bottle half full. There was no reason to suspect poisoning, either wilful or accidental. The only odor perceptible in the breath was that of brandy, and it seemed unlikely that this was the cause of his illness, as he was an habitual abstainer from alcoholic drinks. We undressed him and used mild measures to keep him from sleep until we could ascertain more accurately his condition.

As soon as his clothes were removed, Mr. T. B. Scott, surgeon, of this town, who had also been sent for, entered the room. We then gave a little ammonia with belladonna, and some coffee, and put mustard to the legs and strong smelling-salts to the nostrils. The vomit, which had previously been scanty and somewhat like froth and treacle, was now much increased; inequality of the pupils was more marked, and the difficulty of keeping him awake was greater; but with the remedies named we aroused him sufficiently to get his own account of what had happened. He admitted, in reply to close questions, that he had taken during the day, in six to eight hours, about half a bottle of brandy for the neuralgia; and added that, though an abstainer, he always took it when suffering pain. It was evident, therefore, that this was the primary cause of his fit, and that the brain pressure resulted from it. Being convinced of this, we allowed him to sleep, watched by a nurse, and left him for two hours; at the expira-

tion of which I returned and found him somewhat better, though still drowsy.

May 17th: The patient had passed a fair night and felt much relieved, but there was still inequality of the pupils and partial loss of sight in the left eye. He also complained of a "creeping" sensation at the "top" of the head near the centre, and occasionally extending to the forehead and eyes. I gave some bromide of potassium and gentian, with a little aconite for the neuralgia, and a dose of calomel with rhubarb for the bowels.

18th: The pupils nearly equal, the sight of left eye normal, and the "creeping" sensation less. He then gradually improved, till one week after the "fit" he was well enough to return to London.

I have recorded the case for two reasons: First, because of the combination of symptoms of alcoholic poisoning and apoplexy obscuring diagnosis; secondly, because of the somewhat remarkable effect of half a bottle of brandy upon an habitual abstainer.

Cerebral Dyspepsia.

Dr. John S. Main, in the *Brit. Med. Jour.*, strongly insists on the purely cerebral origin of many forms of dyspepsia, where the patient is neither overindulgent, nor intemperate, nor addicted to hurrying over meals, nor accustomed to eat coarse or unwholesome food. The cerebral form of dyspepsia is well seen, in many cases, where a healthy man, with a good appetite, suddenly receives bad news when sitting down to a meal. "But, perhaps, of all conditions acting on the brain in this manner, and through the brain on the stomach, no one is more injurious, or more jarring to the cerebral elements, than uncertainty, and the worry caused by the same, more particularly in preternaturally irritable subjects. In fact, it is in connection with this same worry that the form of dyspepsia I have at present under consideration most frequently occurs. The mind, in such cases, preys upon itself; the cerebral elements seem to get jarred and out of gear; and with this condition the stomach sympathizes. But in addition to worry, the habitual practice of calling into action the "reserve fund" of the cerebrum, as already mentioned, will bring about the same consequences—namely, cerebral fatigue and exhaustion, indicated chiefly by preternatural irritability; this condition, sooner or later, telling upon the digestive organs. Having said this, it is almost unnecessary to add, that such cases are most commonly met with amongst those who are engaged in the hottest part of the 'battle of life,' or 'struggle for existence;' and, again, amongst these, chiefly those whose business or profession leads to much anxiety, uncertainty, or overstretching of the mental powers. In over-aspiring, over-ambitious natures, 'hope deferred' may bring about the same results; as, according to the biblical expression, 'it maketh the heart sick.' My attention was drawn to several cases of dyspepsia

connected with one or other of these conditions, some time ago; and what made me more strong in my view of these cases being cerebral, and not stomacheic at all in their origin, was their obstinacy under all forms of natural treatment. Latterly, I have found that the only treatment capable of doing these cases any permanent good, is a change, in the wide sense of the term—a relaxation from business or study; and as regards medicines, not such as are meant to act on the stomach directly, but those meant to act on the cerebrum. Amongst these, I have found the most useful to be the bromide of ammonium or bromide of potassium—preferably the former—given in a sufficient dose at bedtime to secure a good night's sleep, this being often very indifferent, and so tending to complicate the case; and, combined with this, to be taken three or four times during the day, such medicines as are known to have a building-up effect on the nervous system—amongst these, the most useful being phosphorus, or the hypophosphites, and cod-liver oil. Arsenic and quinine are often also useful, and a generous diet is always indicated. Unless the stomach has passed into a state of disease (which it may do, if overtasked when in this weakened state), any of these medicines are generally well borne. It will be well to bear in mind, however, that if the mucous membrane of the stomach be in a state of irritation, quinine, arsenic, phosphorus, the hypophosphites, and sometimes even cod-liver oil, are generally inadmissible."

The Agency of Micro-Organisms in Decay of Human Teeth.

The *Dental Cosmos* for January, 1883, publishes a paper on this subject, read by W. D. Miller, of Berlin, before the American Dental Society, of Europe, at Ostend, from which we note the following conclusions:

1. The first stage of caries of the teeth, *i. e.*, the extraction of the lime-salts, is for the most part caused by those acids which are generated in the month by fermentation.

2. Decalcification of the enamel signifies total destruction of that tissue; of the dentine there remains after decalcification a tough, spongy mass, which becomes subject to the invasion of enormous numbers of fungi (leptothrix-threads, bacilli, micrococci, etc.).

3. The leptothrix-threads are found, with rare exceptions, only upon the surface, or in the superficial layers of the softened dentine, and appear to take but a small part in the invasion. The bacilli, on the other hand, penetrate far into the dentine, even into the finest branches of the canaliculi. Micrococci penetrate furthest.

4. In the separate tubules is frequently to be seen a gradual change from leptothrix-threads to long bacilli, from long to short bacilli, and from the latter to micrococci.

5. The fungi produce anatomical and pathological changes in the deeper layers, stop up the canaliculi, and necessarily lead sooner or later to the death of the dentinal fibrils. The outer layers of dentine, thereby deprived of nourishment, die and fall a prey to putrefactive agents.

6. The invasion of the fungi is always preceded by the extraction of the lime-salts.

7. The fungi have not the power either to

penetrate or to decalcify sound dentine, so that the infection of a perfectly sound tooth by a carious one seems to be excluded.

8. We may accordingly look upon caries of the teeth as consisting of three stages: (1) decalcification; (2) infection and devitalization of the decalcified dentine; (3) putrefaction of the devitalized dentine; though it would not be easy to say just where the one stage ceases and the other begins.

9. I have in a number of cases been able to establish the participation of the fungus *saccharomyces mycoderma* (?) in the carious process.

I do not, however, wish to be understood as saying that acids, or pathogenic bacteria, or putrefactive bacteria, or all together, are the sole and only cause of decay of the human teeth. What I am prepared to say is this, that in my opinion there is not a single case of caries in which micro-organisms do not play some part, and that in the most cases they play a very important part.

Dialyzed Iron.

The *Chemist and Druggist* says that Dr. Prosser James has lately said, in a summary of the position which dialyzed iron is entitled to hold in medicine, that the persalts of iron are frequently employed solely on account of their astringency, while the protosalts are occasionally considered as being destitute of this quality. The freshly-prepared carbonate is an excellent mild chalybeate, but difficult to keep in an unaltered state, so that preference is given to reduced iron. The scale preparations of iron are held in repute, both from the extreme facility of their use, and their agreeable taste. When these three forms of iron are inadmissible, dialyzed iron may be resorted to with admirable effect. It is a milder chalybeate than the three preceding, and does not produce the slightest irritation.

A recent analysis by Professor Tichborne of Wyeth's preparation agrees almost exactly with Graham's statement, that dialyzed iron contains 98.5 parts of the oxide and 1.5 parts of hydrochloric acid. The liquid thus obtained differs altogether from an ordinary solution of salts of iron, by its not giving rise to the blood-red color on the addition of alkaline sulphocyanide, nor to the blue precipitate with ferrocyanide of potassium. It does not become cloudy on boiling, nor when agitated with two parts of ether and one part of alcohol is the ether layer colored yellow. It is so sensitive that ordinary spring water will cause a precipitate, yet no precipitate is produced by nitric, acetic, or muriatic acid. Graham's solution gelatinized in about twenty days, and he regarded it as a solution of colloid ferric hydrate, which, he considered, existed in both a soluble and insoluble form. It is, however, never free from chlorine. Theoretically, therefore, the liquid is a solution of a basic oxychloride, but it can never be imitated by dissolving saturated solutions of the hydrate. All these artificially-made liquors are astringent, with ferruginous taste and acid reaction.

Respecting the therapeutic value of dialyzed iron, of which there has lately been some inclination to doubt, Dr. James says there is no question. By the method now followed of counting blood-corpuscles, it is found that the taking of dialyzed

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iron both increases their number and improves their condition. Dr. James gives, as an average dose, twenty to fifty drops, daily, in three doses. Dr. Weir-Mitchell, of Philadelphia, gives as much as a drachm at a time.

Specimens have appeared in the market which are not only innocent of any acquaintance with a dialyzing membrane, but seem little else than diluted solution of perchloride of iron.

Naked Eye Anatomy of the Female Genital Organs.

Before a recent meeting of the Edinburgh Obstetrical Society (*Edinburgh Med. Jour.*) Dr. Hart said:

The point I wish to clear up is easily understood. In the anatomical descriptions of the external genitals, the fourchette and labia minora are stated to be mucous membrane. Anatomists have described them thus, in error, owing to the fact that the external genitals in the cadaver soon get altered, and have a misleading appearance to the naked eye. In the living female, however, it can be readily seen that the fourchette is skin, and that the labia minora are also skin. If I am asked on what I base this statement, I reply that to the naked eye these structures have the appearance of skin; and, further, that the line of separation between skin and mucous membrane can be clearly seen not to include them. Hilton has already noted that at the anal aperture the line of separation between skin and mucous membrane is perfectly distinct, and he terms it the white line. This line is of great importance in determining the fact as to whether piles are external or internal. If the external genitals be looked at carefully, we can trace the line of demarcation between skin and mucous membrane as running along the base of the inner aspect of each labium minus, and passing into the fossa navicularis, separating its skin boundary, the fourchette, from the mucous membrane over the hymen. While Garrigue has drawn attention to the error in the statement that the fourchette is mucous membrane, no one, so far as I am aware, has pointed out the true structure of the labia minora. Turner, however, has described them as muco-cutaneous. The exact relation of the external genitals to one another is of interest. The labia majora have their under surfaces in contact, whatever posture a woman may assume. The labia minora are also in contact, and the fossa navicularis is artificially made when the fourchette is hooked down. This exact apposition of the external genitals has, of course, a protecting influence on the sensitive organs.

The President thanked Dr. Hart for drawing the attention of the Fellows to this point in anatomy. Though it might seem of small moment, it might be of pathological importance in explaining warts and other growths on the nymphæ. Since Dr. Hart had directed his attention to this point, he had examined several cases, and could confirm Dr. Hart's observation.

Pessaries in Minor Displacements.

In the course of a lecture on this subject—*Medical Times and Gazette*, December 30, 1882—Dr. J. Matthews Duncan says that intra-uterine or stem pessaries are the only instruments you

can rely on for straightening the uterus, or keeping a flexion undone. They do this as a male bougie straightens the urethra. The patient's mind must be guided, and you must take care not to let any harm come through your treatment. You may replace a descended or retroflexed or retroverted uterus, and keep it replaced by a pessary, and you may so relieve or remove pains. You cannot cure a displacement, though sometimes you can substitute one displacement for another; that is, for example, change a retroversion into an anteversion. No doubt a displacement may sometimes be, in a sense, cured—as when an adhesive perimetritis ends in tying a uterus up to the higher part of the sacrum. One of the best examples of relief by a pessary is observed in the anteversion (by probe) of an engorged, retroverted and descended uterus.

Here a well-fitted Hodge is comforting and curative, maintaining the anteversion, elevating the uterus, or preventing descent on walking or standing, and preventing relapse into retroversion or retroflexion by keeping the posterior laquear of the vagina pressed against the sacrum.

Another notable example of relief is seen in descent with tendency to cystocele, when the irritation of the cystocele pushing at the orifice of the vagina is most annoying. In such, a suitably sized Hodge, or India-rubber ring, often, by its anterior limb, just catches the cystocele and obviates the tendency to protrusion through the os vaginæ. For each case your pessary must be specially adapted—a boat-shaped or a double-curved—and it must fit the patient in size and contour. Nothing can instruct you in this but bedside experience. A pessary, if it is to be useful, will give relief at once, and will need very little attention from you. If you are frequently fitting and re-adapting, you are almost surely doing more harm than good. A well-fitted pessary may be worn for months without being attended to. You must take care that the pessary does not cause ulceration and cut the vagina, and you must have a new one placed when the former one gets decayed. You will find it hard to get any good from a pessary unless you have a fair amount of perineum to support it. A pessary will be inefficient if the vagina is not long enough and capacious enough to allow of its action without strong pressure on the vaginal wall.

A Foreign Body in the Ear Nearly Twenty Years.

In the *British Medical Journal*, February 3, 1883, Dr. Lucius Holland describes the following case:

"A woman aged 27 came to the dispensary complaining of frequent headache and giddiness. According to my custom in these cases, the ears were examined, and a black mass of cerumen being visible in the right ear, she was referred to my clinic for diseases of that organ. Some difficulty being experienced in clearing the canal, a probe was employed, which at once came into contact with a hard body; and its impaction required the further use of forceps for removal. This body, upon examination, was found to be metallic, in the shape of a grape-stone, with very sharp apex, and weighed twelve grains. It was kindly tested for me by Mr. Leopold Dean, analytical chemist at Sir William Armstrong & Co.'s, and proved to be

a globule of iron. The patient had lived in the neighborhood of ironworks from the age of three until ten years, and as a child played and rolled in the sand. During the latter part of this time she suffered from pain in the right ear, for which the workmen puffed in tobacco smoke. At the age of ten years she was removed from the locality, and since then has resided in such places where no opportunity was afforded for the introduction of such a body, besides having no recollection of anything of the kind happening during the seventeen years. The globule of iron will, therefore, have been in the ear nearly twenty years. It was imbedded in dense cerumen, occupying the deep part of the canal, the circumference of which I observed to be irritated; the membrana tympani was somewhat depressed and thickened, with alteration of the 'cone of light.' Hearing has not diminished, and since the removal of the foreign body the giddiness and headache have ceased. After the age of ten years, the ear-ache subsided as the calibre of the canal increased. This case may be regarded as a most remarkable instance of a dangerous foreign body remaining for years in the ear without serious and alarming consequences."

Nocturnal Enuresis Treated by Voltaic Alternatives.

Dr. Julius Althaus describes the following case in the *British Med. Jour.*, January 20, 1883:

In June, 1882, I was consulted in the case of a boy, aged 15, who had suffered from incontinence of urine during sleep, ever since he was nine years of age. He had been treated with belladonna and other medicines without relief; and as he was about to enter a public school, where a continuance of this trouble might have been particularly annoying, the parents were very anxious that something more should be done. The boy's general health was good, but he was considered a nervous child, and highly sensitive. There were no ascariæ, but he had a very long prepuce, which could only with difficulty be retracted. There was, however, no suspicion of masturbation. Treatment by electricity having been recommended, I applied the middle-sized circular cathode over the region of the bladder, and the large oblong anode (five inches by two) to the lumbar portion of the spine—the current-strength, 2.50 milli-ampères, for five minutes at a time. As after a few such applications no material benefit appeared to have been gained, I then added fifty voltaic alternatives produced in the metallic circuit. The night after this was free from the usual annoyance, and the boy has made an apparently uninterrupted recovery.

Pepsina Forci—How to Get It.

The *Druggists' Circular*, January, 1883, says: For those who wish to be at the trouble of preparing their own pepsine, we can recommend the following simple process, first published by Dr. Lionel S. Beale, F. R. S., in the *Archives of Medicine*, Vol I.:

"Procure some fresh hogs' stomachs, slit them and remove the contents; then dissect the mucous membrane from the muscular coat, so that it can be laid smoothly on an even board. Wash it carefully with water, then squeeze the pepsine

from the mouths of the glands by firmly scraping the surface with a paper-knife. Spread the mucus thus obtained in a very thin layer on plates of glass, and dry quickly before the fire at a temperature of about 100°C F., a current of air being allowed to play freely over it. In twenty minutes or half an hour it is perfectly dry, and can be scraped off and powdered in a mortar.

"The quality of the pepsine is estimated by the quantity of albumen that it is able to dissolve in a given time, when mixed with dilute hydrochloric acid."

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—*Lippincott's Magazine* for February is full of the usual interesting matter. Few of our monthlies surpass it in excellence of choice in contributions, and its illustrations are all of a high order of merit.

BOOK NOTICES.

The Systematic Treatment of Nerve Prostration and Hysteria. By W. S. Playfair, M. D., etc., Philadelphia. H. C. Lea's Son & Co., 1883. 8vo., pp. 111.

The treatment of nerve prostration by electricity, massage and isolation, systematically combined, was first fully set forth by Dr. S. Weir-Mitchell. In the volume before us Prof. Playfair gives a number of cases, details of treatment, and minute directions for carrying out the plan. It will be found a useful little manual by all who have this class of cases under their care.

Experimental Pharmacology: a Hand-book of methods for studying the physiological actions of drugs. By L. Hermann. Translated with notes and additions by Robert Meade Smith, M. D., Philadelphia. H. C. Lea's Son & Co. 8vo. pp. 201.

How much or how little benefit therapeutics derives from the study of the physiological action of drugs is still a much-debated question. But to those who have faith in that method of investigation, this handy volume will be found a very complete and satisfactory guide. It is divided into two parts, the one a study of the action of a poison on isolated organs; the other an investigation of the general action of poisons. The directions are clear and brief, and the scheme for correct observation is very lucidly defined. Much of the merit of the book is due to the translator, who has added copiously to the rather barren text of the original.

March 10, 1883.]

Editorial.

269

THE
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A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } EDITORS.

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With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a quarterly, to be issued on the 1st of January, April, July, and October.

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THE MISSING LINK.

An enterprising London showman has on exhibition a human being whom he glowingly advertises as "Krao, the so-called missing link."

This child is creating a great stir in unprofessional circles, and a large number of medical men were invited to a private view. Except her extreme hairiness, she exhibits no signs of physical degradation below the type of her race, and the *Medical Press and Circular* very sensibly points out that she is simply an exceedingly hairy Siamese child.

Several years ago, photographs of the hairy family of Siam were exhibited in England, and it is well known that the king of Siam bribed a man to marry the first hairy woman in the family, who transmitted the characteristic hairiness to her offspring of both sexes. Attention is called to the fact that Darwin again and again expressed his belief that the progenitors of mankind became divested of hair at an extremely remote period, before the several races diverged from a common stock, and before that common stock became erect. The discovery of a hairy race living in a tropical climate at the present day would therefore be almost more opposed to his theory than in favor of it.

The truth is that a copious growth of body hair is characteristic of the higher rather than of the lower races of mankind, and is a distinctive mark of the Semitic and Indo-European families; whereas, amongst the Northern Asiatic Mongols, Hottentots, and Bushmen, there is a scanty or scarcely perceptible crop of hair on the trunk and limbs. It used to be believed, that extreme body hairiness was, at least in one instance, a national or tribal trait, and that the Ainos, the inhabitants of Jeyo, Saghalien, and the Kuriles, exceeded all nations in the world in this respect, possessing an almost animal-like covering of fur on the upper part of the body. But recent observers have greatly modified this exaggeration, and shown that, as regards hairiness, the Ainos could not even be compared with European sailors. No doubt one of the most permanent physical charac-

teristics of man is his covering of hair; and variations in its color, length, and distribution, as well as in the form of the hairs, as seen on horizontal section, afford valuable assistance in classifying and determining the affinities of the races of mankind; but instances of extreme hairiness like that seen in Krao must be put in a category by themselves. There are instances of a sport or variation arising we do not very well know how, and capable of transmission to offspring, and are indeed analagous to those cases of alteration of the cutis, or ichthyosis, which have been noticed from time to time in groups in the same family, as, for instance, in Edward Lambert and his sons—the celebrated porcupine family—who were publicly exhibited in England, France, and Germany, in the middle of the last century, and who were doubtless provocative of much learned and ingenious speculation in their day and generation. To quote or adduce such cases, however, in proof of man's descent from the apes, is either reckless audacity or profound ignorance. As well might we adduce cases in which children are born *minus* two fingers in evidence of his descent from the three-toed sloth, or cases in which there is a growth of a horny excrescence on the scalp as indicative of his close alliance to the unicorn.

So while this girl may put money in the showman's pocket, her presence will not do much towards enlightening the followers of Darwin.

THE NOTIFICATION OF INFECTIOUS DISEASES.

It is always gratifying to have the results of experience prove the wisdom of certain acts. So then is it pleasing to the sanitarian, when he can adduce undeniable facts to prove the wisdom of his efforts to stay the ravages of contagious diseases, and to protect his fellowmen from their malign influences.

It has been recently stated by the Chairman of the Public Health Committee of Edinburgh that the experiment of the notification of infectious diseases has been carried on in Edinburgh since 1879 with great success, and his last report to the Town Council showed that during the year 1882

no fewer than 7,063 intimations had been sent in to the authorities by the medical practitioners of the city, and that not the slightest objection had been raised to the system of notification by any of the numerous medical men, or by the rate-payers. Personally, this gentleman testifies to the great assistance the arrangement has afforded the Health Committee and their officials in preventing the spread of infectious diseases; on a former occasion he alluded to outbreaks of small-pox, which the early information, thus obtained, enabled them to stamp out; and last year he had to record that several outbreaks of typhus, which formerly was the great scourge of Edinburgh, were promptly dealt with and localized, so that both mortality and expense were saved to the citizens. The death-rate of Edinburgh for 1882 was 18.54 per 1,000, and zymotic diseases contributed 9.90 per cent. of the mortality as compared with 13.20 per cent. for 1881.

The proposal to make this notification compulsory has many violent opponents in various portions of Great Britain, even to-day; but after careful reading of the literature of the subject, we are forced to the conclusion that all this opposition rests on the selfish ground that medical men are fearful of losing their patients, if they give notoriety to the existence of a disease that calls for removal and isolation.

That such a motive is unworthy the votaries of our dignified calling, needs no proving. The point we desire to make is, that *compulsory* notification of infectious diseases is a void that needs filling in the sanitary legislation of our own country. "Pro bono publico" must be our motto; individual desires must be subordinated to general good; for to secure complete *isolation* we must have *compulsory* notification.

DEVELOPMENT OF THRUSH IN TYPHOID FEVER.

During the recent epidemic of typhoid fever at Paris, M. Damaschino and M. Duguet reported a number of cases of thrush developed in the course of the disease. In M. Duguet's service, which contained at one period eighty typhoid fever

patients, more than half were affected with aphthæ, which first appeared on the pharynx and soon became so confluent as to form extended white patches, very much resembling the membranous patches seen in diphtheria.

In most cases, however, a number of separate distinct aphthæ were found about the patches. Such cases were also observed by M. Duguet among his private patients, generally in cases of gravity. In all cases there was considerable dysphagia, the patients were unable to swallow, and in some cases vomited all that was taken on the stomach, to such a degree that it was feared they would perish from inanition.

There was no difficulty experienced in removing the exudation, exposing the excoriated mucous membrane; frequently in 24 hours, through repeated swabbing with mel boracis and a concentrated solution of bicarbonate of soda, the patches entirely disappeared. But the aphthæ showed a remarkable tendency to reappear on the surfaces originally affected, and it was necessary to devote a considerable time each day to the care of these patients. In two very grave cases of the adynamic type, the greatest difficulty was experienced in nourishing the patients; they presented constantly recurring patches, which did not disappear at the period of convalescence.

They suffered considerably on any attempt at swallowing, and vomited every kind of liquid, bouillon, milk, wine and water, etc., and this to such a degree that they became exceedingly pale and feeble; in fact, there was every prospect of a fatal issue, without any of the ordinary complications of the period of convalescence.

M. Duguet was convinced that these dangerous symptoms were due to the extension of the aphthæ to the œsophagus and stomach, and administered from three to four grains of bicarbonate of soda daily in milk or water, continuing at the same time the frequent swabbing of the throat with alkaline lotions. A favorable change was obtained in a very few days, there was less dysphagia, and bland liquids were taken without inducing vomiting; in less than eight days, soups and eggs could be given, and after fifteen days

they were able to be about and take food the same as the other convalescents. Such was the treatment M. Duguet found most applicable in severe cases of this complication.

THE RISKS OF MEDICAL PRACTICE.

We have had occasion to refer in the past to the serious risks that physicians run, in the general practice of medicine, of being injured socially and professionally through the unfounded charges of bad, designing, or hysterical women. Two recent cases cause us to again utter a word of warning.

In England, a young girl came to a physician, complaining of morning sickness, headache, and total suppression of menses for five months. Suspecting pregnancy, he refused to give any emmenagogue medicine, as he was asked to do. An examination was made, with the girl's full consent, and the physician's suspicions were confirmed. The patient left, and the next thing the doctor heard was a summons for assault. Fortunately, he was able to produce the evidence of three visitors and three servants, who were all within earshot at the time, yet heard no outcry. The charge was at once dismissed. The other case occurred in Canada. A physician who had attended a woman for miscarriage, subsequently visited her (three weeks later) for some uterine trouble. Requesting her little boy (ten years old) to leave the room, he suggested a vaginal examination, which was made. He was subsequently charged with assault, which charge was afterwards modified so that it seemed that the woman yielded to his persuasion. The husband wrote to the doctor, offering to compromise for \$200. The doctor refused, and determined to stand trial. The little boy was coached to testify that, going into the back room, he saw, through an open door, the doctor leaning over his mother, and heard her say, "What will my husband say?" In rebuttal, it was proved that this door had not been open for months, and that both man and wife were disreputable and unworthy of belief. The doctor was triumphantly acquitted.

Happily, such cases are rare in our country,

but they are liable to happen at any time, to any physician; and, even though acquittal results, yet such a charge leaves behind it a cloud well calculated to prove a loadstone on the reputation and prosperity of the physician.

To avoid the possibility of such a calamity, it should be made an absolute rule, admitting of no exceptions, that examinations of women should never be made save in the presence of reputable witnesses; and further, the leaders of the profession in a district should unite to prosecute, to the fullest extent of the law, any one who prefers such serious charges when they have been proven to be false and groundless.

We congratulate the Canadian doctor on his manliness in fighting this charge.

NOTES AND COMMENTS.

Whooping Cough Remedies.

M. Pierre Vigier, in a French journal, gives a few prescriptions. First, he recommends *Drosera* to be given in the form of alcoholate for a child one to two years of age, twenty drops three or four times a day in a little sweetened water; for older children, from one to four teaspoonfuls in the course of the day. The favorite remedy of Dr. Delpach is one frequently employed in this country, namely, thirty grains of powdered cochineal and twenty grains of subcarbonate of potash in half a pint of water, flavored and sweetened. M. Vigier gives as a modification of this formula a recipe for a preparation which will keep, as follows:

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| Powdered cochineal, | 15 grammes, |
| Subcarbonate of potash, | 12 " |
| Boiling water, | 600 " |
| Sugar, | 900 " |

Infuse the substances for half an hour, add the sugar, dissolve with a gentle heat, and strain. Children of one or two years may take two to three teaspoonfuls per day; older children, from three to six teaspoonfuls; and adults, two tablespoonfuls per day.

Dr. Beauchene prescribes the following powder:

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| Calcined magnesia, | 8 grammes, |
| Sugar, | 2 " |
| Extract belladonna, | 20 centigrammes, |
| Kermes, | 10 " |
| Orris, | 60 " |

Mix the extract and the sugar, add the kermes

and the orris, then the magnesia, and triturate to homogeneity. Divide into fifty powders. Children of one year may take three per day between meals; children from two to three years of age, five; and older persons, eight.

Sponge-Grafting.

Dr. P. W. Perkins Case contributes an article on this subject to the *Brit. Med. Jour.*, January 13, 1883. He uses the finest Turkey sponge, free from grit, etc., which he slices as thin as possible, and soaks in acid nitro-hydrochloric oil for two or three weeks, till all the calcareous and silicious matters are dissolved, when, after repeated washings with water, it has soft, velvety feel; this, neutralized by washing with liquor ammonia and steeping in carbolic acid solution (1 to 20) for twenty-four hours, is ready for use. A healthy granulating surface is required for it, preferably that of a burn, if there had been loss of subcutaneous tissue. First, he gently scratches the granulations till they bleed slightly, then places pieces of this sectioned sponge about the size of a shilling on the bleeding granulations, and they soak up blood, which, coagulating in the meshes of the sponge, forms thereby a temporary adhesion. The superficial wound-surface, if less than two inches square, is entirely covered with sponge; if more than about two inches square, about half, irregularly, with pieces of that size, and dressed after the Listerian method with oiled silk, six or eight piles of sanitas gauze, gutta percha tissue, and bandage. Sanitas lotion is generally used afterwards at the dressing, it being not so irritating as carbolic acid. The dressings are usually taken down the second day, and the grafts are then found firmly adherent by the coagulum, and comfortable; afterwards dressed every second day; but great discharge requires daily dressing. The sponge seems to become completely organized.

Lesions of the Isle of Reil.

The left third frontal convolution and the Isle of Reil are known to be the cortical centre for articulated speech: the memory of words, of spoken language. But that a part at least of the isle had also something to do with motion has long ago been taught; but cases with such lesions were rare, and experiments do not give always the same result, as it is almost impossible to injure alone that part of the brain. Pathological cases presenting such isolated lesions are therefore always interesting, and Drs. Raymond and Brodeur merit the thanks of the profession for reporting three cases of this character (*Revue de Méd.*, 1882, 7.)

They had thrice the opportunity to note in very aged individuals (twice hemorrhages, once softening), lesions which were strictly confined to the region of the right isle, and especially never spreading over the front wall. Clinically, the cases had the following aspect: hemiplegia attacking the contra-lateral extremities, leaving trunk and face unaffected; the arm was in every case attacked decidedly more than the leg; contractions and disturbances of sensation were not noticed. Skin—and sinew—reflexor as well as electric reactions were normal. Concerning secondary degeneration, nothing could be established on account of the early death of the persons, caused by other lesions.

The Mortality Referable to Alcohol.

A committee appointed by the Harveian Society of London to inquire into the mortality referable to alcohol have made their report, which is published in the *Brit. Med. Jour.*, January 20, 1883, and from which we take the following:

We find, therefore, upon the whole, reason to think that, in the metropolis, the mortality among any considerable group of intemperate persons will differ from that generally prevailing among adults in the following important particulars, viz., a fourfold increase in the deaths from diseases of the liver and chylopoietic viscera; a twofold increase in the deaths from disease of the kidney; a decrease of half as much again in those from heart-disease; a marked increase in those from pneumonia and pleurisy; a considerable increase and an earlier occurrence of those from disease of the central nervous system; a marked decrease in those from bronchitis, asthma, emphysema, and congestion of lungs; a decrease nearly as great in those from phthisis, and a later occurrence, or at least termination, of the disease; a very large decrease in those from old age, with an increase in those referred to atrophy, debility, etc., and the addition of a considerable group referred in general terms to alcoholism or chronic alcoholism, or resulting from accidents.

Convallaria Majalis.

To those who have been reading long accounts of this new addition to our therapeutic resources, the following from the *Med. Times and Gaz.*, January 13, 1883, will possess a peculiar interest:

"The '*Convallaria majalis*,' recently so strongly recommended by Russian physicians as a substitute for digitalis and otherwise, is, we may inform those of our readers whose botanical knowledge does not go beyond the plants of the Phar-

macopœia, the familiar 'lily of the valley.' In Ray's catalogue, '*Plantarum Angliæ*,' published in 1670, and dedicated to *clarissimo viro D. Francisco Willughby, armigero, amico et mæcenati suo, plurimum honorando*, to whose labors he owed much of his materials, Mr. Ray gives the uses of the plant in medicine as follows: '*Usus præcipue in morbis capitis frigidis, ut apoplexiâ, paralyti, vertigine, epilepsiâ; hinc et in lipothymiâ. Insigne itidem errhinum exhibent pulverisati flores.*—*Schrod.*' As lipothymia is an old name for syncope, and is coupled with vertigo, a notion of its strengthening the heart's action seems to underlie the whole. Indeed, the apoplexy referred to may have been intended for cerebral anæmia."

Corrosive Sublimate.

The *Med. Press and Circular*, January 31, 1883, says that this powerful drug, whose virtues as an antiseptic were first made known to the world by R. Koch, is now rapidly coming into use. Tarnier employs it freely in his maternity hospital. Every attendant on entering the labor wards must wash the hands and arms in a solution of corrosive sublimate (1 in 1,000). The patient's genitals are bathed in a solution of the strength of 1 in 2,000; this is also the strength required for vaginal injections. He appears to be well pleased with the results.

Billroth has also been employing it as a surgical dressing in a case of suspected anthrax. A patient admitted into hospital had been in attendance on a sick ox, from the rectum of which he had removed masses of coagulated blood, passing the hand deeply into the cavity. Afterwards pustules made their appearance on the dorsum of the hand. It was this condition of the hand, with the attendant history, that led Billroth to a trial of corrosive sublimate, apparently of the strength of 1 in 5,000. No fever had set in after several days' employment of the antiseptic.

The Treatment of Delirium Tremens.

Death, no doubt, in delirium tremens arises from want of sleep, but the want of sleep arises from want of nourishment. So says Dr. F. P. Atkinson, in *The Practitioner*, January, 1883. He recommends half a tin of Brand's liquid essence of beef and half a pint of milk to be taken alternately every two hours, and all stimulants to be cut off. Twenty-five grains of chloral, with thirty minims of compound tincture of cardamom in an ounce of water, every four hours, after the beef tea, will be useful. By this treatment, the pa-

tient is generally free from delusions in thirty-six hours; but good strong liquid food should be taken less frequently for some days. When there have been from ten to twelve hours more or less continuous sleep, then it is advisable to give up the chloral, and give thirty minims of the compound tincture of gentian with five minims of the tincture of nux vomica three times a day for about three days. This restores the tone of the nervous system and stomach, and creates an appetite. A little tincture of euonymin may next be substituted for the nux vomica, and some Carlsbad salt may be given in the morning when required.

Therapeutic Items.

Dr. Hanawalt, of Galena, Kan., uses the Syrup of Yerba Santa to disguise the taste of quinine in solution, which he says is the best he has ever used.

Nitric Acid, as an application in chilblains, has been recommended. Equal parts of dilute *nitric acid* and *aqua menth. pip.*, are penciled on the toes, at first daily, then twice a day.

Dr. Spörer recommends that three to four lumps of hydrate chloral, 10.03=.006 gm. should be inserted into the hollow of a painful tooth, the chloral being allowed to dissolve. He has treated 38 cases successfully in this way, and has also obtained good results in several cases of hemi-crania resulting from carious teeth.

FINGER-NAIL POLISH.—Pure oxide of tin, tinted with carmine, and perfumed to suit. Apply by rubbing on the nail either with a finger or a nail-polisher covered with leather.

CLERGYMAN'S SORE THROAT.—Dr. Springstein recommends the following as a useful palliative, and in some cases, a cure for this troublesome disease: Tinct. opii., tinct. sanguinarie, aa fl. ʒ j.; balsam tolu, ʒ ij. M. Sig.—Twelve drops on a lump of sugar three or four times a day.

Fibrous Papilloma of the Bladder.

A young woman was troubled with passing dark-colored urine, while her general health remained good. She was treated for hæmatinuria, with astringent injections for a year without any permanent benefit. Dr. Frederic Thorne, who reports the case in the *Lancet*, January 13, 1883, then forcibly dilated the urethra, and just within reach of his finger, felt a large soft mass, growing from a pedicle attached to the base of the bladder. Seizing it with forceps, he dragged it with a portion of the bladder through the urethra, and transfixing the pedicle with two sharp hooks, separated it with scissors. Some adjacent rough

patches were removed with the curette, the stump freely swabbed with tincture of iodine, and all bleeding having ceased, returned into the bladder, which was then injected with iced water, with about 10 per cent. tincture of iodine. A subsequent severe hemorrhage was controlled by gallic acid in forty-grain doses, twice repeated. Many clots were passed, and the woman made a complete recovery.

Recovery from Severe Rupture of Abdominal Walls.

Dr. P. J. Higgins, of Wilkesbarre, reports in the *Medical Record*, January 27, 1883, the case of a man who was thrown from a locomotive down an embankment. There were two extensive rents in the parietal layer of the peritoneum, while at least sixty square inches of the visceral layer were exposed to the atmosphere for over half an hour, and freely manipulated for over five minutes.

The abdominal walls were not cut, but torn clear through, as if burst, not from without, but from within. The patient was a vigorous, healthy, temperate man, which certainly contributed materially to his recovery; but the method of inserting the sutures was undoubtedly the main factor in the case.

These were inserted in such a manner, and drawn sufficiently tight, to produce a slight pointing of the lips of the wound, thus shutting off the silk from the cavity of the abdomen, which the exuded lymph, aided by the double pressure, soon sealed air-tight once more, thus preventing the entrance of pus, blood, or other irritating or foreign matters.

Bacteria and Puerperal Septicæmia.

Many investigators have been engaged in this field of pathology without having as yet given us any accurate data. The latest researches in this direction have been made by Dr. Ferdinand Kewski, of Berlin. He has found bacteria in the lochia of the healthy as well as of the sick, and the *Medical Times and Gazette*, January 20, 1883, notes his conclusions as follows:

He supposes that they are derived from the atmosphere; that they get into the vagina when this canal is opened up during parturition; and he points out that the conditions within the vagina as to warmth and moisture are highly favorable to the life, growth, and propagation of organic forms; and that under such circumstances they may, so to speak, cultivate themselves, and change under cultivation, till an exceedingly virulent bacterium is the result. If we admit that

such is the case, it explains why some lochia should be more dangerous than others, and why the later lochia should be more noxious than the earlier.

Erysipelas and Elephantiasis.

In the course of an address on "Diseases Allied to Erysipelas," Mr. Jonathan Hutchinson (*Medical Times and Gazette*), January 6, 1883, makes the assertion that we shall make a definite simplification in our nosology when we class elephantiasis as, in the main, a result of chronic and recurring erysipelas. All observers agree that elephantoid parts are prone to attacks of erysipelas; let us change the mode of expression and say, not that elephantiasis is liable to erysipelas, but that it is in a large degree the result of it. He has seen several cases in which some slight wound of the foot or leg, some sore on the genitals, around which inflammatory oedema has occurred, and from that oedema, the elephantoid process takes its origin. He does not deny the influence of climate, race, and diathesis, as predisposing factors. He does not believe in the specificity of erysipelas, contending that it is simply an inflammation affecting the lymphatic spaces, but that it is capable of generating a virus that renders it contagious.

Papilloma of the Bladder.

The recurring expulsion of pure blood from the bladder, and its presence in smaller quantity in the urine at short intervals, pain radiating from the perineum to the penis and rectum, and inability to sweep the fundus and sides of the bladder with the beak of a Thompson's searcher, were the prominent points in a case reported by Dr. Joseph Ranschoff, of Cincinnati, in the *Medical News*, February 10, 1883. Cystotomy allowed the finger to come in contact with a fleshy mass (about the size of a peach) situated on the posterior wall of the bladder. It was not movable, and was firmly attached by a broad base. The *écraseur* was, therefore, useless. A Volkman's sharp spoon was used to scrape the mass, which came away in shreds and in larger masses. Not until a distinct excavation could be felt was the scraping desisted from. A slow-healing ulcer now took the place of the growth, and it was a year before the man fully recovered.

Post-Diphtheritic Atrophy.

In the ordinary form of post-diphtheritic paralysis there is not usually observed any atrophy. But Dr. Kahn records in the *Berlin Klin. Woch.* No. 1, the case of a boy aged fourteen, in whom

eight days after recovery from a mild attack of pharyngeal diphtheria, paralysis of the lower part of the oesophagus set in, which caused a return of the food ingested, which did not reach the stomach, as it was not of acid reaction. Then set in great atrophy, so that in June, 1882, the boy weighed only fifty pounds, notwithstanding good nourishment, which was introduced into the stomach by means of a tube, so long as the dysphagia lasted. The temperature was normal and excreta natural, so that it seemed as if only the process of assimilation was at fault. He finally improved in all respects, and in October weighed seventy-five pounds.

The Bacillus of Measles.

From the *British Medical Journal*, January 27, 1883, we learn that according to M. Le Bel, (Académie des Sciences), the bacillus is found in the urine in the early stages, and disappears with the fever; is a slightly curved, highly refractive rod, moving very slowly; it contains oval spores at one-third its length, in a bag of dead protoplasm, which gradually disappears, the spore showing then a zone of mucilage around it. Another occurrence of spores on the thirty-fifth day was observed in an adult. The bacillus also may be got from the skin at the later stages. M. Le Bel cultivated it, and injected it into a guinea-pig, which, on the tenth day, showed small bacilli in its urine, but did not seem incommoded. The urine in scarlatina and in diphtheria shows a microbacterium and a micrococcus, respectively both quite different from the "bacillus of measles."

A New Sign of Pregnancy.

Dr. Jorisen, of Liege, led to do so by the statement of Graves that the frequency of the circulation remains invariably the same in all positions when there is hypertrophy of the heart, has made observations with the object of ascertaining whether the hypertrophy which occurs during pregnancy would give the same result. As a result (*Brit. Med. Jour.*, January 28, 1883), he found that a woman who is pregnant has the same number of pulsations whether she be seated, lying down, or erect. But as an offset to this, Dr. H. D. Fry, of Washington, has made some observations on ten pregnant women, the results of which he reports in the *Medical Record*, January 6, 1883, as follows: "Taking the ten cases, we find that in five of them the pulse varied in the different positions from three to six beats, and in five cases from six to twenty." We await further developments.

in the other by nine. A swelling as large as a walnut formed after each injection, disappearing in one to two minutes under moderate massage by a finger. Pain, though invariably produced, was insignificant.

Local Medicines.

A retired surgeon is writing in the *Medical Press and Circular* some of his observations or fancies accumulated during his active practice. One of his notions is this: "That in particular districts of the country medicines seem to me to derive special efficiency when combined with certain agents. For example, in the cotton districts nitrate of potash seems singularly useful in combination with all sorts of other medicinal substances; in the iron districts, sulphuric acid seems to exercise a similar special influence; while in the coal countries nitric acid seems to be specially necessary." This subject is interesting, and worthy of further observation.

Abdominal Presentation.

Dr. Marchionneschi reports one case and refers to three others in the *London Medical Record*, Nov. 15, 1882. The dorsum was lying upwards, the abdomen underneath, masked by the agglomerated upper and lower extremities. He reached down a leg and found the umbilical cord so tightly twisted around it that it was difficult to pass a pair of scissors to divide the cord before bringing down another leg. The rest of the child followed easily and it was born alive, healthy, and well shaped. All progressed favorably.

Solution of Cayenne Pepper in Glycerine for Tinea Tonsurans.

In the *Mississippi Valley Medical Monthly*, Dr. G. W. Overall reports two cases of tinea tonsurans, where the head was almost bald, with a few dry, dead-looking hairs scattered over it; the dry scaly crusts extending all over the head. All the usual remedies were unavailingly tried. Finally the head was cleansed with a solution of sulphite of soda, and then on alternate days a saturated solution of cayenne pepper in glycerine was applied. This produced most satisfactory results.

Restoration of Frozen Persons.

The *Am. Med. Weekly*, January 6, 1883, says that some recent researches have very important bearing on the resuscitation of persons nearly moribund from freezing. Lapchinski (Knöwl-edge) has made a series of very careful experiments upon dogs with the following results: "Of

twenty animals treated by the method of gradual resuscitation in a cold room, fourteen perished; of twenty placed at once in a warm apartment, eight died; while of twenty immediately put into a hot bath, all recovered."

Vesical Calculus with Hair-pin Nucleus.

Dr. W. R. Gillette presented to the New York Obstetrical Society (*New York Medical Journal*, January 27, 1883), a vesical calculus removed from a girl aged nineteen, whose symptoms were emaciation and incontinence of urine. The stone had a hair-pin for a nucleus. It was removed through the vesico-vaginal septum. The patient professed ignorance as to how the hair-pin had entered the bladder. He had a similar case some years ago.

Hæmatemesis in Chronic Splenic Tumor.

Dr. Wm. Osler calls attention in the *Canada Med. and Surg. Jour.*, to the fact that severe, even fatal hæmatemesis may occur at an early stage of the splenic trouble, even before the constitutional symptoms are marked. The importance of the fact is chiefly from the diagnostic standpoint, and in an attack of vomiting of blood, the attention should always be directed to the spleen as well as the liver, as a possible cause.

Treatment of Meniere's Disease.

Dr. Arthur Flint writes to the *British Medical Journal*, January 20, 1883, that he has had under his care for six months a case of this disease, which has improved greatly under the use of ammoniated citrate of iron, and the bromide and carbonate of ammonia. A liberal diet was enjoined, and severe brain work interdicted. When anæsthesia of the fauces and soft palate supervenes, the bromide is stopped for a short time.

CORRESPONDENCE.

Treatment of Rosacea by Leeching.

EDS. MED. AND SURG. REPORTER:—

Mrs. G. suffered with Rosacea for five years, and had undergone many forms of treatment with but little relief. Her case was a true type of the disease. About two years ago she consulted me for treatment. There existed no uterine trouble; and she said her health had always been good with the exception of the disease of the face. Her appetite was good, digestion fair, and bowels regular. I gave her occasional alternative doses of blue pill and calomel, and Fowler's solution with iodide of potassium internally, and used externally ointment of chrysophanic acid. In a month or two, the Rosacea began to disappear, and the

face became smooth; but the skin did not resume its natural appearance, but remained of a deep brownish color. She discontinued the medicine and considered herself cured, and remained much improved until a few months ago, when she again called my attention to her case. I found Rosacea had returned, with more boldness than it had shown two years before. The forehead and face presented a yellowish brown appearance. The nose, cheeks, and chin were studded with angry-looking pustules, from the bases of which radiated a deep erythematous hue. So reddened was the condition of the integuments of the cheeks, chin, tip and ale of the nose, that I decided that neither medicine internally nor local applications could avail anything in removing the long-standing and extremely congested condition of the skin of the face. I advised the immediate application of a leech to each cheek, to the side of the nose, and to the chin; and directed that the bites of the leeches be allowed to bleed two or three hours. This was done, and I prescribed the following mixture and ointment:

R. Iodide of potash, iss.
Tinct. gentian comp., j.
Fowler's Solution, ij.
Aqua. distil., vij.
Mix. Shake well and take a tablespoonful after each meal, and:

R. Chrysophanic acid, grs. xx.
Vaseline, j.

Ft. ungt. Sig.—Apply to the pustules night and morning for a day or two, and then once a day. At the end of two weeks, the pustules disappeared, and the Rosacea was cured, leaving the complexion in a more natural condition than it had been for five years. I attributed the rapid disappearance of the Rosacea to the relief given to the extreme local congestion of the integument of the face, by the depletion produced by the application of the leeches. By this leeching, the injected and turgid state of the capillaries of the skin of the face was relieved, and a healthy circulation re-established in its stead. The leeching proved a vast improvement on the lancet-puncturing plan of relieving the congestion of the skin in Rosacea. J. B. JOHNSON, M. D.

Washington City, D. C.

A Diagnosis Wanted.

EDS. MED. AND SURG. REPORTER:—

On the evening of the 6th inst., I was called to see Miss P., aged 22 years. I found her suffering acute pain radiating from the upper cervical vertebra half way around the neck and down over the shoulders. The history of the case seemed to indicate a periodicity, disappearing towards morning, and recurring again towards four o'clock in the afternoon. My diagnosis was miasmatic neuralgia, and treatment, anti-periodic doses of quinine. On the evening of the third day after my first visit, her father came to my office and stated that she was much better, in fact without pain, and comfortable in every sense. On the following morning he again sent for me, and I found the following conditions present: circulation good, tongue heavily loaded and slightly dry on the tip, the pupils normal and responding

to light, a feeling of numbness on the right side, and partial paralysis as to motion, but normal as to sensation; the tongue was protruded in a direct line from the mouth, the mind perfectly clear, and no tenderness along the spine or pain in any region of the body; the respiration was somewhat hurried, but the lungs were clear throughout their whole extent. I had noticed a tendency to constipation, and received but a slight response from four c. c. pills administered the day before. There was a peculiar nervous excitation, for which I could discover no adequate cause. I prescribed:

R. Podophyll., gr. iij.
Capsicum, gr. vj.

M. et Ft. Pil. No. vj. Sig.—One every 4 hours till bowels moved; and,

R. Potassii brom., ℥ij.
Ext. valerian., ℥ss.
Elix. simp., q.s. ℥ij.

M. Sig.—Teaspoonful every two hours till nervousness subsided.

I called again in the afternoon and found patient just as in the morning, except the respiration, which was more hurried, and the tongue moist. Ordered a sinapism along the spine, and continued the above prescription. Inside of an hour I was called for again, and on reaching the house, in ten minutes after the messenger was sent, found that the patient had been dead for five minutes. She had died almost instantly, and without any apparent change in her condition. What was the trouble? Did death occur from pressure on the pneumogastric interfering with the heart and respiration? If so, why was not the interference with the circulation perceptible, as well as with motion on the right side? What caused disappearance of pain in neck while sensation remained intact till the moment of death? If occasioned by thrombus or embolism, why such marked periodicity with painless intervals? J. E. HOWE, M. D.

Greenfield, Iowa, February 13, 1883.

A Five-Franc Piece Swallowed and Vomited up After Lying in the Stomach Eighteen Days.

EDS. MED. AND SURG. REPORTER:—

Miss Ellen S., aged 17, single, came to me for treatment in September, 1874, when the following facts were elicited: During a scuffle with a friend over the possession of a five-franc piece, she placed it in her mouth for safe keeping, and inadvertently swallowed it. The coin lodged at the cardiac orifice of the stomach, giving her much pain, nausea and vomiting. The patient came to my office about three hours after the accident, and I saw at once that I could not extract the coin; I therefore took a probang and pushed it into the stomach, employing considerable force in the operation. Vomiting of blood, together with the contents of the stomach, at once followed, and continued at intervals for eighteen days, attended by emaciation and loss of strength and appetite.

Often during this time, whenever the coin changed its position, she would fall insensible, as though struck in the stomach by some instrument. The young lady frequently remarked that she "could nearly vomit up the money," and expressed the thought that it could be more easily done if the stomach were filled to repletion. She

accordingly filled her stomach to its fullest capacity with pancakes, and made ready to try the experiment. The first attempt was successful, the coin being ejected with such force as to knock out the two upper incisor teeth, and to loosen one bi-cuspid so much that it soon fell out. Large quantities of blood, mixed with the contents of the stomach, were thrown up, and the digestive power was greatly impaired. This condition of affairs lasted twelve months; and during the first three months it was with great difficulty that food of any kind could be retained in the stomach. Up to this time the action of the stomach showed ulceration, by the vomiting of blood and pus. These attacks of vomiting became less frequent and severe, and at the end of six months the patient seemed in a fair way to recover, and is now (1883) well.

SUMNER PIXLEY, M. D.

Peninsula, O., Feb. 8, 1883.

NEWS AND MISCELLANY.

The Results of Improving the Milk.

The *Medical Record*, January 20, 1883, says that as a result of the improved quality of milk now brought to New York, the mortality among children under five years of age has decreased from 52 per 1,000 to 46 per 1,000.

The Massachusetts Medical Benevolent Society.

This Society held its twenty-fifth anniversary a short time ago, and celebrated it by a dinner. The event was a very enjoyable one. The object of the Society is to give financial aid to widows and orphans of medical men. The funds amount to \$20,000, and each beneficiary receives \$80 a year.

How to Officiate at a Funeral.

Through the efforts of the Commissioner of Health, Dr. Oscar C. De Wolf, a course of lectures is being given to those who officiate at funerals, in the Chicago Medical College. The course comprises lectures by Dr. Billings, Demonstrator of Anatomy, and a brief course in Chemistry by Prof. Hatfield. Instruction is also given in embalming. About thirty undertakers of the city are attending the lectures.

Professor Gross Will Not Retire.

In contradiction of the rumors that Professor Gross intends retiring from active practice, the veteran thus writes to the *Maryland Medical Journal*: "Will you kindly correct an error which crept into 'Our New York Letter,' issued in the last number of your valuable journal, and thus save me from becoming an idle and useless man during the remainder of my life? The writer of the letter is not responsible for the error, for he only repeats what the New York reporters said, without any authority, in their accounts of Dr. Sims' reception. I have not retired from practice, and have no such intention so long as I have eyes to see, hands to work, and a brain to guide my actions. I can not consent to lock up my ex-

perience, or to consign myself to ennui and obliviousness. I am determined to work to the end, whenever that may come.

"I am very truly your friend,

"S. D. GROSS."

The "Hammond Prize" of the American Neurological Association.

A prize of five hundred dollars is to be awarded at the meeting in June, 1884, to the author of the best essay on the "*Functions of the Thalamus in Man*," under the following conditions:

1. The prize is open to competitors of all nationalities.
2. The essays are to be based upon original observations and experiments on man and the lower animals.
3. The competing essays must be written in the English, French, or German language; if in the last, the manuscript is to be in the Italian handwriting.
4. Essays are to be sent (postage prepaid) to the Secretary of the Prize Committee, Dr. E. C. Seguin, 41 West 20th Street, New York City, on or before February 1, 1884; each essay to be marked by a distinctive device or motto, and accompanied by a sealed envelope bearing the same device or motto, and containing the author's visiting card.
5. The successful essay will be the property of the Association, which will assume the care of its publication.
6. Any intimation tending to reveal the authorship of any of the essays submitted, whether directly or indirectly conveyed to the Committee or any member thereof, shall exclude the essay from competition.
7. The award of the prize will be announced by the Committee; and will be publicly declared by the President of the Association at the meeting in June, 1884.
8. The amount of the prize will be given to the successful competitor in gold coin of the United States, or, if he prefer it, in the shape of a gold medal bearing a suitable device and inscription.

Personals.

—Dr. Oliver Wendell Holmes, of Boston, is about to visit England.

—Dr. O. G. Cilley, of Boston, has been appointed Surgeon-General of Massachusetts.

—Dr. Samuel R. Rixey, a prominent physician of Culpepper Court House, Va., has been stricken with hemiplegia.

—Professor Huxley has been appointed the Rede Lecturer at the University of Cambridge for the ensuing year.

—Franz von Kobell, Professor of Mineralogy at the University of Munich, born on July 19, 1803, died on November 12th.

—Continental advices announce the death of the chemist Wöhler, to whom the world owes the discovery of aluminium. He was born at Eschersheim, near Frankfurt-on-the-Main, in 1809, and had for the past fifty years occupied a prominent position in the scientific world.

—Dr. W. G. Stedman, of Southington, Conn., was bitten recently in the hand by a pet squirrel; severe lymphangitis ensued, and it was feared he would lose his arm.

—The Sisters of Bon Secours, a Catholic order of unpaid nurses from Paris, have met with such success in Baltimore that they have sent home for assistance.

—Miss M. C. Thomas, daughter of Dr. James Carey Thomas, of Baltimore, has just been awarded the title "Doctor of Philosophy" by the University of Zurich, Switzerland.

—Dr. Bunsen, the German chemist, has been elected a Foreign Associate of the Paris Academy of Sciences. The dignity is one of the highest in the scientific world, and is limited to eight names. Dr. Bunsen succeeds the late Professor Wöhler, of Göttingen.

—The Duchess of Connaught has just recovered from typhoid fever, the malady which the Prince of Wales narrowly escaped, and of which the Prince Consort died. Now, Mr. Fawcett, the Postmaster-General of England, and his wife's cousin, are down with it.

—Chiari, the pathologist, who has just been made professor at Prague, is a man thirty years old, who has already made over 8,000 post-mortem examinations. At a recent supper given in his honor, one of the speakers said he could not wish for greater happiness than that of being post-mortemed—if one may use the expression—by his friend Chiari.

Items.

—A whole family in New York were recently made very sick by eating smelts.

—The Electrical Society is the name of a new organization recently started in Chicago.

—The sum of \$1,029,953 has been appropriated for the public charities of New York City during 1883.

—Dr. Ogilvie Grant reports a case of rupture of the heart occurring during sleep. The organ was fatty.

—Dr. McCosh, of Princeton College, laments what he terms "the excessive indulgence in athletics."

—The buildings of the State Hospital for the injured of the anthracite coal region, at Ashland, are completed and ready for furnishing.

—Dr. W. H. Broadbent notes that a morbid condition which gives rise to convulsions, may in a less degree give rise to maniacal excitement.

*—The past year brought death to the doors of no fewer than 22 eminent English medical men, and all were far advanced in age, the ages varying from 78 to 92.

—The Army Appropriation Bill as reported to the Senate abolishes the office of Assistant Surgeon-General, and appropriates \$15,000 for the purchase of books for the Army Medical Museum.

—Eighty thousand packages of tea were refused a landing in England, under the Adulteration act, during 1881 and 1882, and it is said much of it found its way into the United States.

—The late Professor Pond was once demolishing Darwin and his theories—a task which he frequently engaged in—when he triumphantly wound up with the question: "If we are monkeys, where are our tails?" The Professor, who had been speaking for two hours at a stretch before asking this poser, was startled to hear a tired auditor answer audibly: "We have sat on them so long that they are worn off."

QUERIES AND REPLIES.

MESSRS. EDS.—Are greatly improved instruments for operations or examination generally patented? If not, why not? Would it be unprofessional in a physician to patent an improvement? C. H. N.

Ans.—The Code of Ethics declares against patenting surgical instruments. In this we have believed it unwise, and at various times have assigned our reasons.

Dr. W. C., of Penna.—We are sufficiently well supplied with the back numbers you name. As a rule our reserve is sufficient; but of a few numbers we are short.

Official, Mich.—The Penn Medical College, of Philadelphia, has not been recognized by the regular profession in this city.

Cadmus, Ala.—The explanation of the cures of the "Mountain Evangelist," and all others like him, is either the effect of imagination (expectant attention), or the alleged cures are shams—"pious frauds."

C. H. F., Ala.—What is the relative value of beef essence as a nourishment in cases of great loss of vitality and consequent feeble digestion? Is it still regarded as one of the best agents for the relief of such cases, or does the profession generally share the opinion of Moleschott—that the nitrogenous constituents of the beef are, for the most part, coagulated, and thus rendered practically inutile by the process of boiling?

Ans.—Those physicians who do not use their own eyes, but see only through the fog of chemical and physiological theorizing, agree with Moleschott, and talk of beef essence as "merely a condiment." Those who are independent enough to look for themselves—still more those who have felt the effects of the substance in their own persons—know that the essence is a powerful and valuable nutriment.

H. E. Z., Lawrence Co., Pa.—Make an emulsion by using $\frac{3}{4}$ ij. each of sugar and gum arabic to each f. $\frac{3}{4}$ j. of a mixture of equal parts of turpentine and water, and flavor with oil of wintergreen gtt. j. to the f. $\frac{3}{4}$ j. Graduate your dose that each may contain f. $\frac{3}{4}$ j. of the oil of terebinth. rect.

MARRIAGES.

CLEMENT—RICHARDSON.—At the home of the groom's father, in Levant, Me., December 24, by Rev. C. L. Banghart, Dr. W. B. Clement, of Baddford, Me., and Miss Flora W. Richardson, of Oakland, Cal.

KYLE—GARDNER.—In New Bedford, Mass., by Rev. N. T. Whitaker, February 6, Flavel W. Kyle, M. D., of Boston, and Miss Mary L. Gardner, of New Bedford.

WAGNER—STEWART.—February 15, 1883, in St. Paul's church, Doylestown, Pa., by the Rev. V. Hummel Berghaus, Dr. William H. Wagner, of York, Pa., and Miss Martha J. Stewart, of Doylestown.

DEATH.

RATES.—Dr. Joseph Nye Bates, a prominent physician of Worcester, Mass., died on the 22d, after a lingering illness, of heart disease. He was 72 years old.